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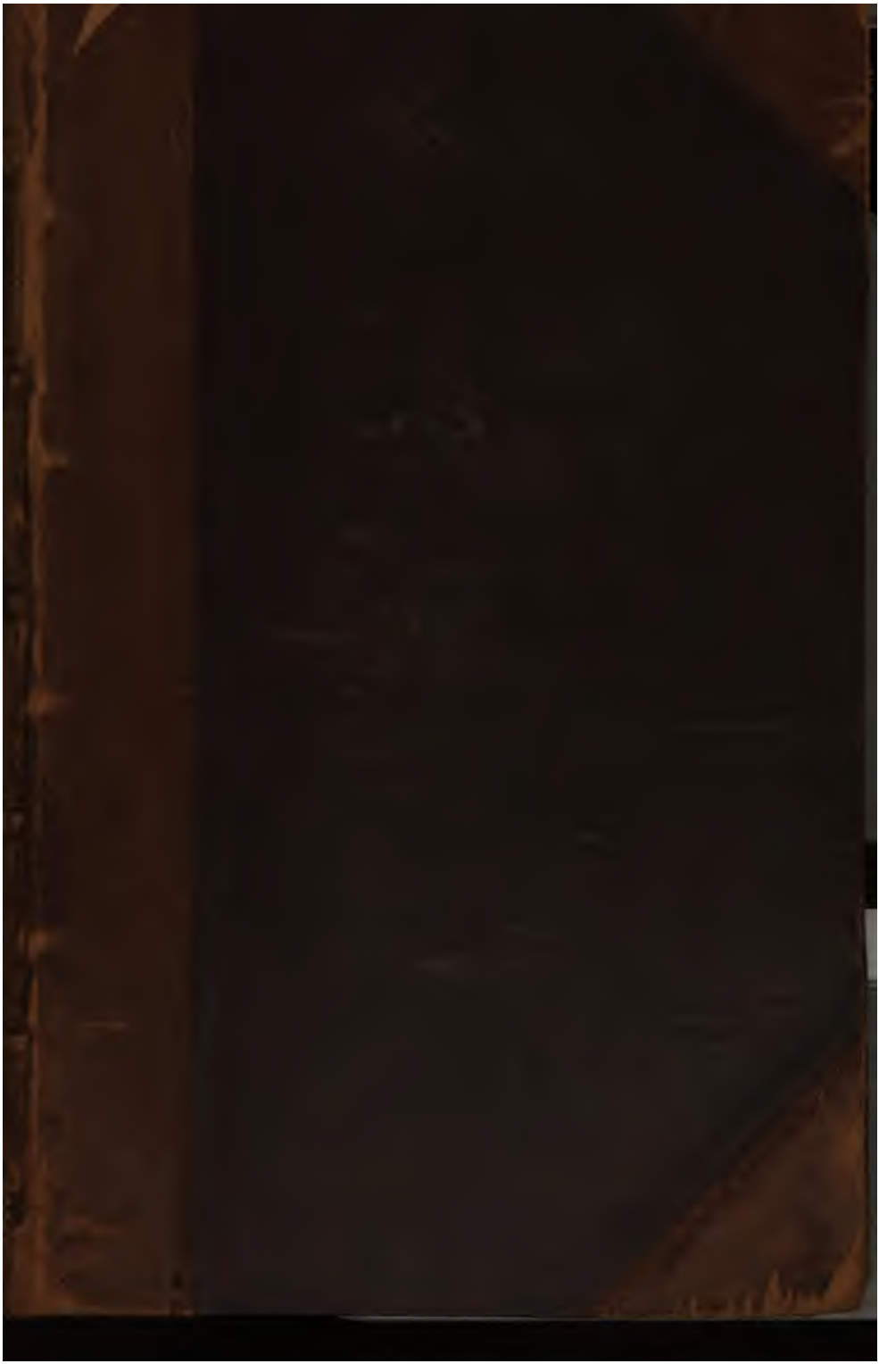

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PART I.

COMPREHENDING THE

PREPARATIONS ILLUSTRATIVE OF

PATHOLOGY.

EDINBURGH:

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The Arrangment will be at once understood on inspecting the following Table of Contents.

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DIVISION I.

INJURIES AND DISEASES OF BONES.

SECTION I. INJURIES OF BONES.

FRACTURES.

* *Bones of the Cranium and Face:*

1. XIX. c. Fracture of the cranium, radiating from the centre of the right parietal bone. The man fell from a great height. It was accompanied with internal effusion of blood, insensibility, and coma. The trephine was twice used without benefit. B. C. i 2. M. 1.

2. XIX. c. Fracture of the cranium, extending from the forehead to the base of the skull. Portions of broken bone and coagulated blood were removed by the trephine, but without benefit, the fracture having extended through the base. B. C. i. 2. M. 2.

3. XIX. c. Case of counter-fissure, the injury having been inflicted on the upper part of the cranium, and the fissure having extended round the base, in the situation of the coronal suture. B. C. i. 2. M. 3.

4. XIX. c. Fracture of the cranium. The trephine was applied, and portions of the bone taken away. The inequalities of this skull are very remarkable. B. C. i. 2. M. 4.

5. XIX. c. Fractured cranium, to which the trephine was applied. A large coagulum, formed between the skull and dura mater, was removed, but without benefit. B. C. i. 2. M. 5.

6. XIX. c. Vertical section of a cranium, exhibiting the course of a fissure through the temple, and another extending to the orbit. B. C. i. 2. M. 6.

7. XIX. c. Fractured cranium, to which the trephine was applied. B. C. i. 2. M. 7.

8. XIX. c. Fracture produced by the small end of a hammer, as an illustration for lecture: an indented round hole externally, opposite to which, in the tabula vitrea, a large portion is splintered off. This shews the effects of contusion of the skull with such pointed bodies as a poker, pike, or small hammer. B. C. i. 2. M. 8.

9. XIX. c. Portion of a fractured cranium: the splintering of the tabula vitrea as in the last preparation. B. C. i. 2. M. 10.

10. XIX. c. Fractured portions of a cranium, removed at St George's Hospital. The patient died. B. C. i. 2. M. 11.

11. XIX. c. Portions cut out by the trephine from the skull of a boy 14 years old. Seven applications of the instrument were found necessary before the depressed portions could be completely removed from the brain. The patient recovered. B. C. i. 2. M. 13.

12. XIX. c. Portion cut out by the trephine, shewing the necessity of inclining the instrument during the operation, owing to the variable thickness of the bones. B. C. i. 2. M. 14.

13. XIX. c. Fracture at the junction of the coronal with

the sagittal suture, caused by the kick of a horse. The patient did well for eight days; sickness and headach then came on, followed in three days by stertorous breathing and paralysis of the left side, with convulsive twitching of the right. The trephine was applied, and some pus evacuated, but he died next day. B. C. i. 2. M. 14. a.

14. XIX. c. Fracture of the skull of a boy, who received a kick from a horse. The fragments were sunk into the substance of the brain, part of which protruded. He lay insensible, and had convulsions. He died five days after the injury. See injured dura mater, i. 2. M. 26. B. C. i. 2. M. 14. b.

15. XIX. c. Cranium of a boy who lived three months after having his skull fractured by the kick of a horse. The two small portions of bone were removed at the time of the injury; he was discharged well in about a month. Five weeks after his dismissal, he was seized with fits, in a few days after with blindness, and died in convulsions. There was an abscess, occupying nearly the whole right hemisphere, from which about 8 oz. of pus were evacuated. B. C. i. 2. M. 14. c.

16. XIX. c. Exfoliation taking place in consequence of injury of the frontal bone. B. C. i. 2. M. 14. d.

17. XIX. c. Portions of the frontal bone removed in a case of fracture, with considerable temporary relief. Presented by Sir George Ballingall. See case of W. Murray, Clin. Lecture, No. 3. p. 5. G. C. 1102.

18. XIX. c. Fracture of the cranium. Presented by Professor Russell. G. C. 1058.

19. XIX. c. Cranium with extensive fracture traversing the sutures. G. C. 1009.

20. XIX. c. Fracture of the cranium. The trephine was applied at the anterior edge of the coronal suture on the left side. The patient had fallen on his head, from a height of thirty

feet. He lived nearly three weeks, and died from effusion of blood above the left orbit. G. C. 1010.

21. XIX. c. Fracture of the cranium passing from the frontal through the right parietal bone. Notwithstanding its extent, the symptoms were extremely obscure. Presented by Sir George Ballingall. G. C. 1130.

22. XIX. c. Portion of a cranium in a case of fracture. The trephine was applied without success. Presented by Professor Russell. G. C. 1155.

23. XIX. c. Portion of a cranium in a case of fracture. The trephine was applied. Presented by Professor Russell.

24. XIX. c. Portion of a fractured cranium. The trephine was applied without success. Presented by Professor Russell. G. C. 1156.

25. XIX. c. Portion of a cranium carious in consequence of a blow on the os frontis. The crown of a trephine was applied to evacuate the matter. The boy was scrofulous. G. C. 990.

26. XIX. c. Portion of a cranium in a case of fracture, where the trephine was applied. The patient died about three weeks after the accident. The bone was getting polished, and tending to separate. Presented by Professor Russell. G. C. 1165.

27. XIX. c. Two portions of a cranium, in a case of fracture. One portion came away immediately after the accident, the other some weeks after. Presented by Professor Russell. G. C. 1166.

28. XIX. c. Fracture of the frontal bone, with a circular depression, and splintering of the tabula vitrea. Presented by Professor Thomson.

29. XIX. c. Fracture of the occipital, temporal, and sphenoid bones. Presented by Professor Thomson.

30. XIX. C. Fracture of the base of the cranium. Presented by Professor Thomson.

31. XIX. D. Skull found in Bamburgh church-yard, Northumberland, in 1832. There has been an extensive fracture passing obliquely through the frontal and right parietal bones. The separation of the fragments has left a large space, and the bone in contact with the dura mater has become rough throughout the whole crown of the head. The fracture has united by bony union. Presented by John Embleton, Esq. G. C. 1437.

32. XIX. C. Fragments of bone removed in a case of fracture of the cranium. Presented by Professor Thomson.

33. XIX. C. Portion of a cranium, shewing exfoliation, in consequence of injury. The trephine had been applied. G. C. 595.

34. XIX. C. Fracture of the lower jaw. A false joint was formed. B. C. i. 1. M. 12.

35. Table No. 1. Lower jaw of a man who fell from his cart, fractured in two places. The ossa nasi and four ribs were also fractured. The patient died on the third day after the accident. Presented by Dr John Campbell. G. C. 1299.

** *Bones of the Trunk.*

a. *Injuries of the Spine.*

36. XIX. A. Fracture of the atlas, and toothlike process of the dentata. The man fell from a height of fifty feet, and was instantaneously killed. There was also extensive injury done to the dorsal part of the spine. See Prep. No. 50. See Bell's Exposition of the Nervous System, p. 233. B. C. i. 4. M. 1.

37. XIX. A. Fracture through the oblique process, and body of the 4th cervical vertebra. The vertebral artery of one side has been torn, and the spinal marrow compressed. Presented by William Newbigging, Esq. G. C. 909.

38. XIX. A. Fracture of the transverse processes of the 5th and 6th, and of the body of the 6th cervical vertebræ, with diastasis of the articulations. The patient had struck his neck against an iron railing, and lived only half an hour after the accident. See the case of James Saunders, in Bell's Exposition of the Nervous System, p. 231. B. C. i. 4. M. 3.

39. XIX. A. Fracture of the arches and bodies of the 5th and 6th cervical vertebræ, of a person who was precipitated through a window, a height of 13 feet. He died on the 7th day after the accident. See case of Charles Osborne, in Bell's Exposition of the Nervous System, p. 225. B. C. i. 4. M. 4.

40. XIX. A. Fracture, with subluxation of the body of one of the cervical vertebræ. B. C. i. 4. M. 5.

41. XIX. A. Injury of the spinal column, between the last cervical and first dorsal vertebræ, by a fall from a cart, giving rise to an extensive abscess, which proved fatal in about three weeks. About eight days after the injury, he became affected with tetanus; delirium, convulsions, and paralysis occurred at intervals before death. See Bell's Surg. Obs. and Rep. p. 145; also his Observ. on Injur. of Spine and Thigh-bone, pl. iii. fig. 2. B. C. i. 4. M. 6.

42. XIX. A. Fracture with displacement of the last cervical and first dorsal vertebræ. Paralysis of the body below. He lived twenty hours. Case of William Wood, Edinb. Royal Infirmary, 1804. Presented by Dr Brown. G. C. 173. a.

43. XIX. A. Injury of the spinal column: a hiatus between the last cervical and first dorsal vertebra. The man fell from a barge lying aground in the Thames; his head stuck in the mud, and the vertebræ were probably twisted by the weight of the body having been thrown upon them. He died instantly. See Bell's Observ. on Injur. of Spine and Thigh-bone, pl. iii. fig. 3. B. C. i. 4. M. 7.

44. XIX. A. Fracture with depression of a portion of bone upon the spinal column, giving rise to effusion of blood. The

man fell from a house, and died on the twelfth day after the accident. The injury was followed by insensibility and paralysis of the lower parts of the body, and difficulty of breathing. See Bell's Observ. on Injur. of Spine and Thigh-bone, pl. iii. fig. 4. B. C. i. 4. M. 8.

45. XIX. A. Dislocation and fracture of the last dorsal and first lumbar vertebræ. The spinal marrow was torn asunder. The child lived eleven months after the accident, but was palsied in the lower parts of the body. It died from croup. The case is referred to at p. 75 of Mr Shaw's work on Distortions. See also Bell's Observ. on Injur. of Spine and Thigh-bone, pl. ii. fig. 2, 3. B. C. i. 4. M. 9.

46. XIX. A. Fracture of the spine: the broken portions united by bone. Though the spinal cord seems to have been compressed, he survived the accident a considerable time. See Bell's Observ. on Injur. of Spine and Thigh-bone, pl. i. fig. 2. B. C. i. 4. M. 10.

47. XIX. A. Fracture of the body of a vertebra, with injury done to the spinal marrow, by depression of the bone. See Bell's Observ. on Injur. of Spine and Thigh-bone, pl. i. fig. 1. B. C. i. 4. M. 11.

48. XIX. A. Fracture with extensive injury done to the spinal column. The man fell from a height of forty feet. There were no symptoms of paralysis; on the third day he became delirious; on the following day his pulse was 136, and being in an extraordinary state of excitement, it was necessary to tie him down in bed. Pus and serous fluid were effused between the cord and its sheath. See case of Auton, in Bell's Surgical Reports and Observations, p. 138. B. C. i. 4. M. 12.

49. XIX. A. Fracture of the dorsal vertebræ through a part that was anchylosed. The consolidated state of the column at this part made it break as one of the long bones by not yielding. See Bell's Observ. on Injur. of Spine and Thigh-bone, pl. ii. fig. 1. B. C. i. 4. M. 14.

50. XIX. A. Fracture with very extensive injury done to the spinal column: spinous processes of the seventh cervical, and first six dorsal vertebræ fractured; at the fourth dorsal vertebra, the spine and medulla were torn quite across. Same case as No. 36. B. C. i. 4. M. 15.

51. XIX. A. Fracture of the last dorsal vertebra. It is driven in upon the spinal marrow, so as completely to shut up the canal. The patient lived about six weeks after the accident.

52. XIX. A. Fracture of the bodies of two dorsal vertebræ reunited by callus. The spinal cord was torn across. The patient survived the accident nearly two months. Presented through Sir George Ballingall by Drs Briggs, Mudie and Thomson, of St Andrews. G. C. 1473.

53. XIX. A. Fracture with great displacement of the eleventh and twelfth dorsal vertebræ. Loss of motion and feeling below the thorax. He lived twenty-three days. Case of John Cameron, Royal Infirmary, 1807. Presented by Dr Brown. G. C. 173. b.

53. *a*. XIX. A. Fracture with displacement, from the fourth to the seventh dorsal vertebræ, of a lad 17 years of age. Paralysis below, with priapism. He lived twenty-five days. Case of James Johnston, Edinb. Royal Infirmary, 1807. Presented by Dr Brown.

b. *Injuries of the Bones of the Thorax.*

54. XIX. D. Three fractured ribs united. B. C. i. 1. M. 3. W. C. G. 2.

c. *Injuries of the Bones of the Pelvis.*

55. XIX. D. Fracture of the left os ilium of an old man reunited. B. C. i. 1. M. 1.

*** *Bones of the Upper Extremity.*

56. XIX. D. Oblique fracture of the clavicle reunited. B. C. i. 1. M. 4. W. C. G. 8.

57. XIX. D. Oblique fracture of the clavicle reunited. B. C. i. 1. M. 5.

58. XIX. D. Fracture of the outer portion of the clavicle reunited. B. C. i. 1. M. 6.

59. XIX. D. Fracture of the acromion scapulæ. B. C. i. 1. M. 7.

60. XIX. D. Fracture of the acromion scapulæ. A false joint must have been formed. B. C. i. 1. M. 7. b.

61. XIX. D. Fracture of the neck of the os humeri: from the arm of John Locke, aged 64, who had also sustained a compound fracture of the elbow-joint, in consequence of falling over a parapet at Stockbridge. The arm was amputated at the shoulder-joint, and the patient recovered. Presented by Sir George Ballingall. G. C. 744.

62. XIX. D. Fracture through the neck of the os humeri, passing also obliquely downwards into the shaft of the bone. The patient, a woman, aged 55, died of delirium tremens thirty-one days after the accident. Presented by Sir George Ballingall. See case of Mary Kidd, Clinical Lecture, No. 4. p. 7. G. C. 1100.

62. *a.* XIX. D. Fracture of the os humeri through the neck, not united. Presented by Sir George Ballingall. G. C. 918.

63. XIX. D. Fractured os humeri united. B. C. i. 1. M. 50.

64. XIX. D. Fractured os humeri united. B. C. i. 1. M. 48.

65. XIX. D. Fractured os humeri united. B. C. i. 1. M. 49.

66. XIX. D. Fractured os humeri united: a section has been made to shew the state of the cancelli. B. C. i. 1. M. 51. W. C. G. 6.

67. XIX. D. Fractured os humeri united. B. C. i. 1. M. 51. a.

68. XIX. D. Fractured os humeri not united. G. C. 173.

69. XIX. D. United fracture of the lower extremity of the os humeri, exterior to the capsular ligament. B. C. i. 1. M. 47.

70. XIX. D. Fracture of the lower extremity of the os humeri of a woman aged 40. Considerable osseous deposition had taken place, but extensive suppuration followed, and the patient died hectic. G. C. 1011.

71. XIX. D. Portions of an os humeri which had been fractured. Presented by Sir George Ballingall. G. C. 336. A.

72. XIX. D. Fracture of the lower extremity of the os humeri, with dislocation of the elbow-joint. Presented by Messrs Cullen and Watson. G. C. 784.

73. XIX. D. Fractured ulna united. B. C. i. 1. M. 54.

74. XIX. D. Fractured ulna and radius united. Presented by Professor Thomson.

75. XIX. D. Fractured radius united. Presented by Professor Thomson.

76. XIX. D. Fractured radius united. The extremities have passed each other, and have been depressed upon the ulna, there being a mark or kind of socket to which that bone had been attached. B. C. i. 1. M. 52. W. C. G. 17.

77. XIX. D. Fracture of the radius near the wrist, united. B. C. i. 1. M. 53.

78. XIX. D. Bones of the fore-arm and hand shattered by machinery. The arm was removed at the shoulder-joint about 24 hours after the accident, but extensive suppuration took place, and the patient died. Presented by Dr John Campbell. G. C. 1225.

79. XIX. D. Carpal and metacarpal bones of the left hand injured in consequence of the bursting of a fowling-piece. Presented by Sir George Ballingall. G. C. 917.

79. *a.* XIX. D. Carpal and metacarpal bones of the left hand injured by the bursting of a fowling-piece. Presented by Sir George Ballingall. See Clinical Lecture, No. 4. p. 6. case of William Gardener. G. C. 1118.

**** *Bones of the Lower Extremity.*

80. XIX. A. Supposed fracture of the neck of the thigh-bone within the capsular ligament, followed by osseous union; from a lady 77 years of age, who, having slipped her foot over the edge of a stair, fell on her right hip, and completely lost the power of motion in the limb of that side, which was shortened about an inch and a half. She ultimately regained the use of her limb, and two and a half years after the accident, died of an affection of the brain. The case is given in Edinb. Med. Chirurg. Trans. Presented by Dr Begbie. Two sections. G. C. 746. a.

81. XIX. A. Fracture of the os femoris at the neck; no union by bone has taken place, and the head has approached the body of the bone, in consequence of absorption of the neck. The woman lived two months after the accident. See Bell's Observ. on Injur. of Spine and Thigh-bone, pl. vii. fig. 3. B. C. i. 1. M. 14.

82. XIX. A. Fracture of the os femoris at the neck, in which osseous union has not taken place, but the fractured surfaces are connected by ligamentous bands. B. C. i. 1. M. 15.

83. XIX. A. Fracture of the neck of the os femoris. The

neck has been absorbed, and ligamentous bands connect the fractured surfaces. Presented by William Newbigging, Esq. G. C. 174.

84. XIX. A. Fracture of the neck of the thigh-bone, from a man about 70. He lived fifteen months after the injury. No bony union has taken place. A considerable portion of the neck of the bone has been absorbed; the fractured surfaces had become smooth, covered by a membrane, and adapted to each other, so as to form an artificial joint, though the limb was retracted as far as the capsular ligament admitted. The latter was greatly thickened, had several portions of bone in its texture, and was distended with viscous fluid. Presented by Professor Turner and Alexander Watson, Esq. G. C. 1478.

85. XIX. A. Oblique fracture of the neck of the os femoris. The person died six weeks after the accident. B. C. i. 1. M. 13.

86. XIX. A. Fracture of the neck of the os femoris. The capsular ligament is much thickened.

87. XIX. A. Fracture of the neck of the os femoris. Presented by John Henry Wishart, Esq. G. C. 637.

88. XIX. A. Fracture of the neck of the os femoris, united by ligament. The neck has been absorbed. See Bell's Observ. on Injur. of Spine and Thigh-bone, pl. viii. fig. 1. B. C. i. 1. M. 19.

89. XIX. A. Fracture of the os femoris at the neck. Royal Infirmary. G. C. 727.

90. XIX. A. Extensive fracture at the trochanters of the os femoris united by bone, with absorption of the greater part of its head, and great shortening of the limb. The fractures have been for the most part or altogether exterior to the capsular ligament. B. C. i. 1. M. 20. b.

91. XIX. D. Fracture at the lower end of the neck of the os

femoris, exterior to the capsular ligament, and firmly united by bone; the head depressed, and the lesser trochanter displaced. See Bell's Observ. on Injur. of Spine and Thigh-bone, pl. vii. fig. 2. B. C. i. 1. M. 20. a.

92. XIX. A. Head and neck of the os femoris with a portion of the shaft obliquely fractured from the body of the bone, exterior to the capsular ligament; from a coachman who fell from his box. He lived five weeks after the accident. It shews the luxuriant growth of bone after extensive injury. See Bell's Observ. on Injur. of Spine and Thigh-bone, pl. vii. fig. 1. B. C. i. 1. M. 20. c.

93. XIX. D. Fracture of the neck and head of the os femoris. Inflammation and absorption had taken place, but no osseous union. The bone is articulated so as to shew the space between the head and body left by absorption. See Bell's Observ. on Injur. of Spine and Thigh-bone, pl. viii. fig. 3. B. C. i. 1. M. 16.

94. XIX. D. Fracture of the neck of the os femoris, close upon the trochanters. See Bell's Observ. on Inj. of Spine and Thigh-bone, pl. viii. fig. 4. B. C. i. 1. M. 18.

95. XIX. D. Injury of the hip-joint, with fracture of the neck of the os femoris, reunited. The head is carious. Presented by Professor Thomson.

96. XIX. D. Pelvis and thigh-bones. The neck of the os femoris of one side fractured, and the extremities of the bone shattered, the head having been wedged between the trochanters. The bones have been articulated, to shew their position when dissected. B. C. i. 1. M. 17.

97. XIX. E. Fracture of the neck of the os femoris. G. C. 1013.

98. XIX. E. Fracture of the neck and trochanters of the os femoris. A great quantity of new bone formed externally of the capsular ligament. G. C. 998.

99. XIX. A. Fracture of the os femoris through the neck and trochanters. No bony union has taken place, though some newly formed osseous matter has been deposited at the lower part of the fracture, exterior to the capsular ligament. Patient lived about three months; toes were turned inwards. Presented by Professor Turner. G. C. 174. a.

100. XIX. A. Fracture of the os femoris at the lower part of the neck, and through the trochanters. The patient survived several years. Bony union has taken place. The fracture had been chiefly, if not altogether, exterior to the capsular ligament. B. C. i. 1. M. 20.

101. XIX. A. Fracture of the os femoris exterior to the capsular ligament, and through the trochanters. The person was under 50 years of age, and was thrown violently to the ground, falling upon the projecting point of the trochanter. He died of a chronic disease. Presented by Dr Simson. G. C. 1474.

102. XIX. A. Fracture of the os femoris through the trochanter. The patient, a man aged 80, of intemperate habits, died twelve days after the accident. Presented by William Brown, Esq. G. C. 1300.

103. XIX. E. Fracture of the os femoris through the lower end of the neck and trochanter, united. The patient, a man aged 40, fell from the top of a loaded carrier's cart. He died of pulmonary disease five years after. In this case the fracture seems to have been exterior to the capsular ligament. Presented by Dr Clark. G. C. 722.

104. XIX. E. Fracture of the os femoris below the trochanter minor united; the upper portion projects, having been drawn outwards by the action of the muscles. See Bell's Observ. on Injur. of Spine and Thigh-bone, pl. vi. fig. 4. B. C. i. 1. M. 33. i.

105. XIX. E. Fracture of the os femoris below the trochanter minor united, the upper portion projecting. Two sections.

106. XIX. E. Fracture of the os femoris below the trochanter minor, united, the upper portion projecting anteriorly. B. C. i. 1. M. 32. a.

107. XIX. E. Fracture of the os femoris below the trochanter minor, united, the upper portion drawn outwards towards the side. B. C. i. 1. M. 32. b.

108. XIX. E. Fracture of the os femoris below the trochanters, united, the upper portion projects, but less than usual. B. C. i. 1. M. 27.

109. XIX. E. A thigh-bone fractured in two places, and reunited; from a madman, who threw himself out of a window, and afterwards kicked and struggled, so that the limb could not be secured in a proper position. It has lost 5 inches in length. See Bell's Observ. on Injur. of Spine and Thigh-bone, pl. vi. fig. 1. B. C. i. 1. M. 23.

110. XIX. E. Fracture of the os femoris in the upper part, united; the superior portion projects exteriorly. B. C. i. 1. M. 33. e.

111. XIX. E. Fracture of the os femoris united; the lower portion depressed under the upper. B. C. i. 1. M. 33. f.

112. XIX. E. Fracture of the os femoris united; the upper portion posterior. The person must have lived long after the accident, as the marks of injury are almost obliterated. B. C. i. 1. M. 28.

113. XIX. E. Cast of the thigh in the same case as the last. It is valuable as shewing the degree of distortion of the thighbone, consequent upon the irregular union of the fractured portions. B. C. i. 1. M. 32.

114. XIX. E. Oblique fracture of the os femoris. The extremities of the bone have been so pushed past each other, and stand so apart, that union in such circumstances is surprising.

See Bell's Observ. on Injur. of Spine and Thigh-bone, pl. vi. fig. 2. B. C. i. 1 M. 25.

115. XIX. E. Fracture of the os femoris about the middle, united; the upper portion projecting anteriorly. G. C. 363.

116. XIX. E. Fracture of the os femoris about the middle, united; the upper portion projects anteriorly, and union has taken place by a clumsy callus. See Bell's Observ. on Injur. of Spine and Thigh-bone, pl. vii. fig. 3. B. C. i. 1. M. 26.

117. XIX. E. Fracture of the os femoris about the middle. The portions have been allowed to unite, when they were thrust past each other. B. C. i. 1. M. 33. c.

118. XIX. E. Fracture of the os femoris about two-thirds down, united: the limb much shortened, the upper portion having been elevated above the level of the lower. B. C. i. 1. M. 33. d.

119. XIX. E. Fracture of the os femoris about the middle, united; the upper portion elevated above the other; callus very irregularly deposited. A section has been made at the fractured part, to shew the internal structure when united. B. C. i. 1. M. 33. g. W C. G. 7.

120. XIX. E. Fracture of the os femoris about the middle; the upper portion projects very much anteriorly; a large mass of callus unites the pieces. B. C. i. 1. M. 33. k.

121. XX. C. Fracture of the os femoris united; the ends overlap each other. The lower portion is anterior to the upper, which is very rarely the case. B. C. i. 1. M. 30.

122. XX. C. Oblique fracture of the os femoris not united; the sharp extremities of the bone were thrust past each other into the flesh. B. C. i. 1. M. 10.

123. XX. C. Fracture of the os femoris at the middle, united. The lower portion projects behind, the fractured pieces

have united at an obtuse angle, and the foot has been turned outwards. Presented by Professor Thomson.

124. XX. c. Fracture of the os femoris near the lower extremity, united; the upper portion projecting anteriorly, as usual. B. C. i. 1. M. 29.

125. XX. c. Fractured thigh-bone, shewing incipient exfoliation, and exterior irregular deposition of osseous matter.

126. XX. c. Fracture of the os femoris near the lower extremity, united. There has been extensive inflammation, with osseous deposition, the whole bone soft and spongy. Presented by Professor Thomson.

127. XIX. B. Fracture of the os femoris united, the portions riding over each other. B. C. i. 1. M. 32. c.

128. XIX. B. Fracture of the os femoris, shewing that splinters do not necessarily lose their principle of life, but may sometimes adhere even to other surfaces than those from which they have been broken off. B. C. i. 1. M. 31. W. C. G. 4.

129. XIX. B. Fracture of the os femoris. Time was not afforded for union by bone. B. C. i. 1. M. 44.

130. XIX. B. Fracture of the os femoris. In this case partial union had taken place, when the bone was fractured a second time, and a large tumour subsequently formed, of the nature of fungus hæmatodes. Amputation was performed, but the patient died. See case of Phineas, in Bell's Surg. Obser. p. 376. Pl. IX. B. C. i. 1. M. 33.

131. XIX. B. Another section of the same. Fungus hematodes formed in the bone. B. C. i. 1. M. 33. a.

132. XIX. B. Fracture of the lower head of the os femoris, running into the joint. Fungus hæmatodes formed in the bone. B. C. i. 1. M. 33. b.

133. XX. c. Section of the same.

134. XIX. B. Fracture of the os femoris; the bones not firmly united, the patient having been seized with erysipelas, which carried him off. B. C. i. 1. M. 42.

135. XIX. B. Fractured thigh-bone. It was twice broken, but having been ill set, union did not take place; and after various attempts to produce ossific inflammation, the leg was amputated. See Bell's Surg. Observ. case of Sloane. B. C. i. 1. M. 11.

136. XX. c. Fracture of the thigh-bone at the lower extremity. The great solidity and weight of the bone shew that it must have undergone disease, probably inflammation. G. C. 762.

137. XX. c. Fracture of the os femoris separating the internal condyle, and extending into the joint. Copious bony deposition has taken place from the fractured parts, except within the capsular ligament of the knee-joint. The knee was crushed between a cart wheel and a wall. The patient was about 60 years of age, and lived six weeks after the accident, when she died from diseased aorta producing hydro-thorax. Presented by Professor Turner and A. Watson, Esq.

138. XX. c. Diastasis of the lower epiphysis of the os femoris united. The accident occurred in early life, and when the patient had grown up, popliteal aneurism was induced, and the limb was finally amputated. For prep. of aneurism, see B. C. xii. 2. M. 34. The bone is figured in Bell's Observ. on Injur. of Spine and Thigh-bone, pl. iv. fig. 3. B. C. i. 1. M. 9.

139. XX. c. Diastasis of the lower epiphysis of the os femoris of a boy 13 years of age. The case was mistaken for common fracture, extensive suppuration followed, and amputation was performed, but the patient died. See Bell's Observ. on Injur. of Spine and Thigh-bone, pl. iv. fig. 2. B. C. i. 1. M. 8. a.

140. XIX. B. Fractured patella. A ligamentous substance

had formed between the separated portions, and the muscles adapted themselves to the lengthened tendon. The man afterwards fell under a heavy burden, when the new ligament, and the integument, which had united to it, were torn, so as to disclose the interior of the joint. B. C. i. 1. M. 63.

141. XIX. B. Fractured patella united by a long ligament, in the middle of which are some small fragments of bone. The fractured portions are about five inches apart. B. C. i. 1. M. 55. W. C. G. 10.

142. XIX. B. Fractured patella united by ligament; the pieces not so far separated as in the last. B. C. i. 1. M. 56.

143. XIX. B. Fractured patella united by ligament. B. C. i. 1. M. 57.

144. XIX. B. Fractured patella united by a very short ligament. B. C. i. 1. M. 58.

145. XIX. B. Fractured patella: the fragments very close to each other, but union has not taken place. B. C. i. 1. M. 59.

146. XIX. B. Fractured patella: partial transverse fracture on the inner surface, with complete longitudinal fracture on one side, both united. See Bell's Observ. on Injur. of Spine and Thigh-bone, pl. iv. fig. i. B. C. i. 1. M. 61.

147. XIX. B. Patella fractured by a blow, and united by bone. B. C. i. 1. M. 62.

148. XIX. B. Compound fracture of the tibia. G. C. 175. a.

149. XIX. B. Fracture of the tibia followed by partial necrosis. Amputation was performed. Presented by Professor Russell. G. C. 1178.

150. XIX. B. Injected preparation of a fractured tibia and

fibula, shewing the great vascularity of the new bone. B. C. i. 1. M. 43.

151. XIX. B. Comminuted fracture of the tibia. The limb was injected, to shew the vascularity of the periosteum. Presented by Dr Maclagan and Professor Turner. G. C. 312.

152. XIX. B. Fracture of the tibia and fibula near the knee. The person died of erysipelas at the end of the sixth week. Presented by Professor Turner. G. C. 175.

153. XIX. B. Recent fracture of the tibia, running into the knee-joint. G. C. 175. b.

154. XIX. B. Tibia uniting with the fibula after fracture. Presented by Professor Russell. G. C. 1053.

155. XIX. B. Compound fracture of the tibia and fibula. Presented by Professor Russell. G. C. 1055.

156. XX. C. Fracture of the tibia and fibula, the bones pretty accurately joined. It is remarkable that the fibula is broken so much higher. B. C. i. 1. M. 34.

157. XX. C. Fracture of the tibia and fibula. The limb, having lain on the heel without proper support, has sunk, so as to produce, on union, a very unseemly distortion. B. C. i. 1. M. 35.

158. XX. C. Fracture of the tibia and fibula, shewing exfoliation, caries, and irregular deposition of bony matter.

159. XX. C. Fracture of the tibia. The bone has subsequently been affected with caries. B. C. i. 1. M. 40. a.

160. XX. C. Fracture of the tibia and fibula, resembling the last, the broken extremities of both having sunk. B. C. i. 1. M. 36. W. C. G. 5.

161. XX. C. Fracture of the tibia and fibula; the broken

extremity of the former projecting in a remarkable degree. B. C. i. 1. M. 37.

162. XX. C. Fracture of the tibia and fibula, the upper portion of the latter adhering to the lower portion of the former, and the whole very irregularly attached. B. C. i. 1. M. 38. W. C. G. 9.

163. XX. C. Fracture of the tibia very irregularly united. B. C. i. 1. M. 39.

164. XX. C. Fracture of the tibia and fibula: the extremities of the fractured portions have been immersed in the abscess of a compound fracture. B. C. i. 1. M. 40. W. C. G. 12.

165. XX. C. Fractured tibia united, the anterior spine is prominent, and the foot has been turned outwards. B. C. i. 1. M. 46. e.

166. XX. C. Fractured tibia: the case came to amputation three weeks after the accident. Presented by Professor Russell. G. C. 1146.

167. XX. C. Fracture of the tibia and fibula near the ankle-joint, united. B. C. i. 1 M. 41.

168. XX. C. Fracture of the tibia and fibula united. B. C. i. 1. M. 46. a.

169. XX. C. Very oblique fracture of the tibia and fibula, pretty regularly united. B. C. i. 1. M. 46. b.

170. XX. C. Fracture of the tibia and fibula extending into the ankle joint, which exhibited marks of former injury and disease. B. C. i. 1. M. 46. c.

171. XX. C. Fractured tibia united. The anterior spine projects considerably, and the foot has been turned outwards. B. C. i. 1. M. 46. d.

172. XX. c. Fracture of the tibia near the ankle-joint. There are appearances of the bone having been surrounded by suppuration. B. C. i. 1. M. 46. f.

173. XX. c. Fractured tibia united: a curve formed at the place of union, as if by the elevation of the heel. B. C. i. 1. M. 46. g.

174. XX. c. Fractured tibia, which has united obliquely. B. C. i. 1. M. 46. h. W. C. G. 11.

175. XX. c. Tibia and fibula in a case of compound fracture. The limb was removed immediately after the accident. Presented by Dr John Campbell. G. C. 1226.

176. XX. c. Section of a fractured tibia. B. C. i. 1. M. 46. i.

177. XX. c. Fracture of the tibia and fibula, involving nearly the whole of the former. The knee-joint was preserved. Presented by Dr Pitcairn. G. C. 1129.

178. XX. c. Fracture of the tibia near the lower extremity, and of the fibula near the middle, united. Presented by Professor Thomson.

179. XX. c. Fractured fibula united. B. C. i. 1. M. 46.

179. *a*. XX. c. Fractured fibula united. B. C. i. 1. M. 46. j.

180. XX. c. Seven specimens of fractured fibula united. B. C. i. 1. M. 46. j.

181. XX. c. Fracture of the fibula, which has not united: it has been surrounded by an abscess. B. C. i. 1. M. 46. k.

182. XX. c. Fractured fibula not united. Four days after the accident, the patient became delirious, and on the ninth day was affected with coma and convulsions, when he died. Presented by Sir George Ballingall. G. C. 1098.

183. XX. c. Specimen of recent fracture in the ankle-joint. Presented by Sir George Ballingall. G. C. 825.

184. XX. c. Metatarsal bone of the great toe forced out by the tramp of a horse. The motions of the foot were little impaired. Presented by Professor Russell. G. C. 1163.

* Gunshot Fractures.

185. XX. d. Fracture of the cranium by a musket-shot. The ball entered at the sphenoidal angle of the frontal bone, and lodged above the left eye, between the bone and the dura mater, which was not penetrated. The trephine was applied, and the ball extracted; but the patient died of suppuration of the brain. Waterloo case. B. C. xvii. 1.

186. XX. d. Fragments of a cranium shattered by a pistol ball, which passed through the brain. The person lived six days after the injury. B. C. i. 2. m. 12.

187. XX. d. Cranium through which a musket-ball seems to have passed. It was found on the field of Culloden. B. C. xvii. 3.

188. XX. d. Portion of the cranium of a man who shot himself, and lived forty-eight hours after the injury. B. C. xvii. 2.

189. XX. d. Portion of a cranium fractured by a cannon-ball. Presented by Professor Russell. G. C. 1072.

190. XX. d. Portion of a cranium injured by cannon-shot. Presented by Professor Russell. G. C. 1151.

191. XX. d. Fragments of a cranium driven up by a musket-ball, which entered the brain. They were extracted, and the patient recovered. Waterloo case. B. C. xvii. 4.

192. XX. D. Portion of a skull cut by Sir Charles Bell from the head of a French soldier who had received numerous sabre wounds. Waterloo case. B. C. xvii. 5.

193. XX. D. Portions of a fractured cranium taken away without having recourse to the trephine. See sketch, No. 266. B. C. 1. xvii. 7. a.

194. XX. D. Cranium with three sabre-cuts, picked up on the field of the Battle of the Pyramids. B. C. xvii. 6.

195. XX. D. Skull-cap of one of Buonaparte's Cuirassiers with eleven sabre-cuts. Presented by Professor Thomson. Waterloo case. See Dr Hennen's Principles of Military Surgery, p. 283. Plate VI. fig. 5.

196. XX. D. Gunshot fracture of the spine. The ball perforated the lateral part of the body of a dorsal vertebra, and was stopped by the longitudinal ligament, which it pushed out so as to destroy the spinal-marrow. B. C. xvii. 11.

197. XX. D. Shot passing through the ramus of the ischium. The patient lived a considerable time after the wound; he died of hydatids in the liver. B. C. xvii. 13.

198. XX. D. Ilium which had been struck by a small rifle ball. The ball had penetrated through the bone, but was stopped by the tough ligamentous attachments on its inner surface. The bone exhibits the consequence of inflammation. B. C. xvii. 12.

199. XX. D. Musket ball lodged in the back of the scapula. It entered the breast, broke the end of the clavicle, passed through the lungs, broke a rib behind, and stuck in the scapula. The person died on the twelfth day. Corunna case. See sketch, No. 268. B. C. xvii. 17.

200. XX. D. Upper extremity of the os humeri fractured by gun-shot. The arm was amputated. B. C. xvii 20.

201. XX. D. Portions of the acromion scapulæ extracted before amputation in the same case. B. C. xvii. 19.

202. XX. D. Head of the os humeri shattered by gunshot. Amputation was performed. See Bell's Operat. Surg. 2d ed. p. 473. B. C. xvii. 21.

203. XX. D. Gunshot fracture of the os humeri in the upper part, shewing commencing exfoliation. Waterloo. Presented by Professor Thomson.

204. XX. D. Gunshot fracture of the os humeri with osseous deposition. Waterloo. Presented by Professor Thomson.

205. XX. D. Gunshot fracture of the os humeri, with commencing exfoliation of the lower portion of bone. Waterloo. Presented by Professor Thomson.

206. XX. D. Gunshot fracture of the os humeri, with exfoliation and osseous deposition of the lower portion. Waterloo. Presented by Professor Thomson.

207. XX. D. A musket ball perforated the os humeri two inches above the condyle, passed through obliquely, and forced up into the medullary canal a splinter of bone, which is seen fixed there. The patient died, exhausted by hectic fever and diarrhœa, thirteen months after the infliction of the wound. Waterloo. See Dr Hennen's Princ. of Milit. Surgery, p. 567. pl. iii. fig. 4. Presented by Professor Thomson.

208. XX. D. Os humeri shattered by a musket-ball, improperly amputated; the pieces ought to have been taken away by incision. Corunna case. See Bell's Operative Surgery, 2d ed. p. 471. See also Sketch No. 270. of the present catalogue. B. C. xvii. 24.

209. XX. D. Cast of the shoulder of a soldier who underwent the operation proposed by Sir Charles Bell as a substi-

tute for amputation at the shoulder-joint. He had received a ball in the head of the humerus. B. C. xvii. 23.

210. XX. D. Cavity found in an os humeri which had been fractured some years before by gunshot. B. C. xvii. 28.

211. XX. D. Upper portion of an os humeri which had been injured by gunshot. Presented by Dr Hunter. G. C. 669.

212. XX. D. Head of a thigh-bone, which was driven by a musket-ball through the acetabulum, and found in the cavity of the abdomen. B. C. xvii. 15.

213. XX. D. Neck of the os femoris penetrated by a musket-ball, with a fissure extending into the head of the bone. The ball is lodged. See Dr Hennen's Princ. of Milit. Surgery, pl. ii. fig. 4. Waterloo case. Presented by Professor Thomson.

214. XX. D. Upper portion of the os femoris injured by gunshot. The ball penetrated the hip-joint, and lodged within the capsule. See Bell's Observ. on Injur. of Spine and Thigh-bone, pl. iv. fig. 5. B. C. xvii. 16.

215. XX. D. Gunshot fracture of the os femoris below the trochanters, with commencing exfoliation and osseous deposition. Waterloo. Presented by Professor Thomson.

216. XX. D. Gunshot fracture of the os femoris below the trochanters. Waterloo. Presented by Professor Thomson.

217. XX. D. Small portions of the head of the os femoris extracted from a patient who had a shot in the hip. He would not consent to any operation and died. Waterloo case. B. C. xvii. 14.

218. XX. D. Gunshot fracture of the os femoris: slight osseous deposition, and commencing exfoliation. Waterloo. Presented by Professor Thomson.

219. XX. D. Gunshot fracture of the os femoris, shewing the same circumstances as the last. Waterloo. Presented by Professor Thomson.

220. XX. D. Gunshot fracture of the os femoris, similar to the last. Waterloo. Presented by Professor Thomson.

221. XX. D. Gunshot fracture of the os femoris: commencing exfoliation, and slight osseous deposition. Waterloo. Presented by Professor Thomson.

222. XX. D. Gunshot fracture of the os femoris. There is a deposition of spongy callus, with commencing exfoliation. Although the fractured extremities of the bone were in opposition, no union took place. See Dr Hennen's Princ. of Milit. Surg. p. 138. pl. ii. fig. 2. Waterloo case. Presented by Dr Thomson.

223. XX. D. Gunshot fracture of the os femoris, shewing deposition and exfoliation after amputation. Waterloo. See Dr Hennen's Princ. of Milit. Surg. pl. iv. fig. 2. Presented by Professor Thomson.

224. XX. D. Exfoliation after amputation for gunshot fracture. Waterloo. See Dr Hennen's Princ. of Milit. Surg. pl. iv. fig. 3. Presented by Professor Thomson.

225. XX. D. Exfoliation after amputation for gunshot fracture. See Dr Hennen's Princ. of Milit. Surg. pl. x. fig. 4. Waterloo case. Presented by Professor Thomson.

226. XX. D. Two specimens of gunshot fracture of the os femoris, shewing exfoliation and deposition in various degrees. Waterloo. Presented by Professor Thomson.

227. XX. D. Gunshot fracture of the os femoris, the bone comminuted and fissured, with a piece driven across the medullary cavity, the fragments kept together by osseous deposition. See Dr Hennen's Princ. of Milit. Surg. p. 137. pl. i. fig. 3. Waterloo. Presented by Professor Thomson.

228. XX. D. Several fragments and exfoliations from cases of gun-shot fracture. Waterloo. Presented by Professor Thomson.

229. XX. D. End of a stump of the os femoris twelve months after amputation, which was performed at the Military Hospital at Portsea. Presented by Professor Thomson.

230. XX. E. Example of the effect of a musket-ball striking the cylinder of a bone. All the portions were driven among the muscles. The man lay on the field several days. Waterloo case. B. C. xvii. 42.

231. XX. E. Gunshot fracture of the os femoris resembling the last. The limb was amputated in the Gendarmerie. Waterloo case. B. C. xvii. 43.

232. XX. E. The knee in this case was completely driven off. Fourteen days elapsed before any thing was done for the patient. Amputation very high up in the thigh was necessary, on account of the great bag of pus which had formed. Waterloo case. B. C. xvii. 33.

233. XX. E. The knee in this case was carried off by grape-shot. The patient was not relieved by amputation until fifteen days after the battle. Waterloo case. B. C. xvii. 41.

234. XX. E. Fracture of the os femoris of a woman, who was shot with a horse-pistol loaded with slugs. She would not submit to amputation at first, but eight months after the injury the limb was removed. The preparation exhibits the condition of the bone at that period. B. C. xvii. 59.

234. *a*. XX. A. Pieces picked away or discharged, and dead portions found in the limb after amputation, in the same case. B. C. xvii. 59.

235. XX. E. A musket-ball entered the knee-joint and lodged in the inner condyle of the os femoris. Amputation was

performed. Corunna case. See Bell's Operat. Surg. p. 482. B. C. xvii. 29.

236. XX. E. Gunshot fracture of the os femoris, shewing exfoliation and deposition; a fragment is lodged in the cavity of the bone. Waterloo. Presented by Professor Thomson.

237. XX. E. Lower extremity of the os femoris shattered by a musket-ball. Waterloo. Presented by Professor Thomson.

238. XX. E. Bayonet wound in the inner condyle of the os femoris. The leg was shattered by a shot, and required amputation above the knee. Waterloo. B. C. xvii. 37.

239. XX. E. Gunshot fracture of the os femoris at the lower extremity. Waterloo. Presented by Professor Thomson.

240. XX. E. A musket-ball has penetrated the knee-joint and lodged in the outer condyle. Amputation was performed. Waterloo. Presented by Professor Thomson.

241. XX. E. A musket-ball has penetrated the head of the tibia, and is impacted on the other side, where it has been stopped by the ligament. Amputation was performed. Corunna case. B. C. xvii. 28. A.

242. XX. E. The ball had lodged in the cellular tissue of the head of the tibia and caused great absorption. Abscess and caries made amputation necessary. Waterloo case. B. C. xvii. 32.

243. XX. E. The ball lies sunk in the head of the tibia, with portions of the cancelli. Extensive suppuration made amputation necessary. Waterloo case. B. C. xvii. 31.

244. XX. E. The ball has perforated the head of the tibia. Suppuration and caries of the knee-joint have followed. Waterloo. Presented by Professor Thomson.

245. XX. E. A musket-ball in the knee-joint; the articular surfaces carious.

246. XX. E. Knee of the Russian General, Baron Driesen, who was wounded at the battle of Borodino. The ball is lodged in the lower head of the femur. The wound closed, but opened again. A German surgeon proposed to dissolve the ball by means of mercury which he poured into the cavity, and the wound having again closed, the operation was supposed to have succeeded, and the surgeon was rewarded by a present from the Emperor Alexander. The wound broke open, however, with unexampled severity of pain, and amputation was finally performed by Sir Charles Bell. See Bell's Surgical Observations vol. i. plate xv. p. 431. B. C. xvii. 38.

247. XX. E. Portion sawed from Baron Driesen's knee after the amputation. B. C. xvii. 38. A.

248. XX. E. The popliteal nerve taken from the amputated limb of Baron Driesen. The cellular membrane around the wound was found to contain mercury, and the particles had even insinuated themselves into the texture of the nerves. This had no doubt been the cause of the extraordinary torments which the patient suffered. B. C. xvii. 39.

249. XX. E. The ball passed through the head of the tibia, and must have broken the continuity of the capsular membrane. The man got apparently well, but amputation became finally necessary. B. C. xvii. 30.

250. XX. E. Gunshot fracture of the tibia reunited. The man was wounded in the American war, and died in the Middlesex Hospital. B. C. xvii. 34.

251. XX. E. Gunshot fracture of the tibia near the lower extremity. Waterloo. Presented by Professor Thomson.

252. XX. E. Gunshot fracture of the tibia and fibula. Waterloo. Presented by Professor Thomson.

253. XX. E. Gunshot fracture of the tibia and fibula. The foot also was shattered, for which reason the limb was amputated. B. C. xvii. 47.

254. XX. E. Small portions of the tibia, which were driven off by a musket-ball, (also an exfoliation from the sternum after a musket-shot). B. C. xvii. 48.

255. XX. E. Comminuted fracture of the bones of the leg. This may give an idea of the state of the French wounded, who were brought into Brussels upon waggons fourteen days after the battle of Waterloo, and were never dressed before that time. Waterloo case. B. C. xvii. 44.

256. XX. E. Comminuted fracture of the bones of the leg. The patient received no assistance until fourteen days after the battle. Waterloo case. B. C. xvii. 45.

257. XX. E. Fracture of the tibia and fibula, similar to the two last. These three preparations afford examples of the effect of a ball striking the cylinder of the tibia. B. C. 46.

258. XX. E. Gunshot wound of the ankle-joint. The leg fell at last into the state of a scrofulous joint, and was amputated. See sketch No. 274. B. C. xvii. 35.

259. XX. E. Bones of the foot shattered by a ball passing through them. B. C. xvii. 40.

260. XX. E. Bones of the tarsus much diseased in consequence of gun-shot wounds. B. C. xvii. 60.

261. XX. E. Small shot taken from the knee-joint of Robert Robb. Royal Infirmary, 23d Oct. 1824.

262. XX. E. Two balls, shewing the diversity of forms which balls take after hitting a bone, also a portion of detached bone with an osseous crust upon it. B. C. xvii. 49.

263. XX. E. Various balls and pieces of shot found in wounds. B. C. xvii. 57.

264. XX. E. Musket-balls variously flattened, found in wounds. Waterloo. Presented by Professor Thomson.

Sketches Illustrative of Gunshot Fractures.

(These Sketches are suspended in front of the pilastres.)

265. P. 1. Sketch of a soldier who received a musket-ball in the forehead, which had run under the scalp. It was cut out by Sir Charles Bell, and found flattened. B. C. xvii. 8.

266. P. 2. Sketch of a soldier struck on the head by a musket-ball. A circular portion of bone was depressed, which consisted of minute fractured portions. They were extracted. See N. 193. The man had no bad symptoms and recovered. B. C. xvii. 9.

267. P. 3. Sketch of a soldier. The ball entered in the forehead, penetrated the skull, and drove up the bone, elevating two portions at an angle. B. C. xvii. 10.

268. P. 4. Sketch of the appearance of the body of Captain ——. A ball entered in the breast, broke the end of the clavicle, passed through the lungs, broke a rib, and stuck in the scapula. He died the next day after being landed at Portsmouth. On being opened, an immense quantity of serum poured out of the chest; the lungs were condensed and gorged with blood. See preparation, N. 199. B. C. xvii. 18.

269. P. 5. Sketch of a soldier wounded at Corunna. The ball struck the head of the os humeri, shattered it, passed through, and wounded a rib. Amputation was performed, but the patient sunk from loss of blood. B. C. xvii. 22.

270. P. 6. Sketch of a soldier wounded at Corunna. The

humerus was shattered by a musket-shot, and improperly amputated. See Prep. N. 208. B. C. xvii. 25.

271. P. 7. Sketch of the state of the arm of an officer, two years after gunshot fracture. Necrosis had taken place. Corunna case. B. C. xvii. 26.

272. D. 1. Portfolio. N. 1. Drawing of necrosis of the thigh-bone. The man suffered amputation at the hip-joint; but on this case Sir Charles Bell remarks, "that necrosis of a bone, of the thigh-bone and humerus to-wit, offers no apology for amputating at the joint, since the head of the bone is not subject to necrosis; and after sawing across the bone, it is easy to withdraw the sequestrum for the new bone." See Bell's Observ. on Injur. of Spine and Thigh-bone, pl. v. fig. 1. B. C. xvii. 58.

273. P. 8. Sketch of the arm of an officer which was amputated by Sir Charles Bell. The ball lodged in the elbow-joint, after cutting the nerves. B. C. xvii. 27.

274. P. 9. Sketch of a scrofulous ulcer resulting from a gunshot wound in the ankle-joint. See Preparation No. 258. B. C. xvii. 36.

275. P. 10. Sketch of opisthotonos taken from three soldiers, who were wounded at Corunna, and taken to Portsmouth. They died successively from gunshot fracture of the skull. B. C. xvii. 61.

SECTION II. DISEASES OF BONES.

1. Inflammaton, Abscess, and Caries.

* *Bones of the Head.*

276. XIX. F. Two sections of a frontal bone greatly increased in thickness, probably from venereal inflammation. B. C. i. 3. M. 48. W. C. G. 39.

277. XIX. F. Absorption of a portion of the cranium of an elderly woman caused by a tumour of the brain. Presented by William Brown, Esq. G. C. 1248.

278. XIX. F. Osseous tumour in the brain, referred to in the last article. G. C. 1249.

279. XIX. F. Absorption of a portion of the parietal bone of an old man affected with carcinoma ventriculi. The absorption was caused by a tumour attached to the dura mater. Presented by William Newbigging, Esq. G. C. 1212.

280. XIX. F. Tumour of a cartilaginous texture attached to the dura mater, and referred to in the preceding case. Presented by William Newbigging, Esq. G. C. 1211.

281. XIX. F. Remarkably eroded appearance of a portion of the bones of the cranium, arising from suppuration of the brain. Presented by Dr Abercrombie. G. C. 866.

282. XIX. F. Caries of the inner table of the cranium, with deposition of lymph between the bone and dura mater. From the same patient as the last. Presented by Dr Abercrombie. G. C. 329.

283. XXI. C. Caries of a portion of the frontal and parietal bones. G. C. 367.

284. XXI. c. Extensive caries of the left parietal bone, with great loss of substance. G. C. 368.

285. XXI. c. Caries of the left parietal bone, perforating both tables, with great thickening of the surrounding bone. G. C. 369.

286. XXI. c. Caries of the left parietal bone, perforating both tables. G. C. 370.

287. XXI. c. Osseous deposition on the inner surface of the cranium, caused by a tumour on the brain. G. C. 600.

288. XXI. c. Absortion of part of the inner table of the cranium, caused by a tumour in the brain; from the same patient as the last. G. C. 600 a.

289. XXI. c. Absorption and exfoliation of the outer table of the cranium of a man, who had his scalp torn off, and who died of suppuration of the membranes of the brain. B. C. i. 2. M. 14. e.

290. XXI. c. Caries of the bones of the cranium, and face of a person who died of syphilis. The inner surface of the frontal bone shews marks of high vascularity. Part of the upper maxillary bones has been separated; and on the centre of the right parietal bone is the mark of an exfoliation. See the case in vol. i. of Edinb. Med. Chir. Trans. Presented by George Ballingall. G. C. 723.

291. XXI. c. Mercurial caries affecting both tables of the cranium. Presented by Professor Thomson.

292. XIX. f. Venereal inflammation of the os frontis injected. B. C. i. 7. M. 1.

293. XIX. f. Venereal caries of the cranium. The peculiar worm-eaten appearance is well seen. It is not known why the trephine had been applied. B. C. i. 7. M. 2. Wils. G. 47.

294. XIX. F. Inflammation and caries of the cranium, probably venereal. B. C. i. 7. M. 3. W. C. G. 41.

295. XIX. F. Caries and exfoliation of the cranium. The roughness of the inside shows that the dura mater had also been affected. B. C. i. 7. M. 4. W. C. G. 46.

296. XIX. F. Extensive exfoliation, probably from venereal inflammation. B. C. i. 7. M. 5. W. C. 42.

297. XXI. C. A skull-cap, the surface of which is rough from venereal inflammation. The disease must have terminated. B. C. i. 7. M. 6.

298. XXI. C. A skull-cap exhibiting indications of having been affected with syphilitic inflammation. B. C. i. 7. M. 7.

299. XXI. C. A skull-cap with indications of venereal inflammation on its external surface. The inner surface shews marks of high vascularity and disease of the dura mater. B. C. i. 7. M. 8.

300. XXI. C. Venereal caries in the skull-cap, chiefly at its back part, in the actual state of progress. B. C. i. 7. M. 9.

301. XXI. C. A skull-cap rough with venereal caries on both surfaces. B. C. i. 7. M. 10.

302. XXI. C. A skull-cap affected with syphilis. There are three diseased parts, shewing different stages of the affection; the largest forming a good specimen of the process of exfoliation. The bone is particularly heavy. B. C. i. 7. M. 11.

303. XXI. C. A skull-cap affected with venereal caries. On the right side there is a deep excavation of the bone. B. C. i. 7. M. 12.

304. XXI. C. A skull-cap which has been affected with syphilis. It exhibits the recovery of the bone after exfoliation. B. C. i. 7. M. 13. W. C. G. 18.

305. XXI. c. A skull-cap exhibiting the effects of caries and exfoliation at the junction of the coronal and sagittal sutures. B. C. i. 7. M. 14. W. C. G. 26.

306. XXI. c. Portion of a skull having just over the right eye a large ulcerated hole about three inches in diameter, through which was protruded a fungus cerebri. B. C. i. 7. M. 16.

307. XXI. c. Skull affected with venereal caries; the ethmoid, turbinated bones, ossa nasi, ossa lacrymalia, vomer, nasal plates of the upper maxillary bones, and the palatine bones, were destroyed. Some time after the disease was stopped in its progress, the cranium became affected, and exfoliation took place to a great extent; the dura mater was destroyed by ulceration, fungus cerebri ensued, and the patient died. B. C. i. 7. M. 18.

308. XXI. c. Great destruction of the bones of the face from venereal disease. The disease had terminated. B. C. i. 1. M. 19.

309. XXI. c. Skull with venereal caries on the os frontis. The diseased had terminated. B. C. i. 1. M. 20.

310. XXI. c. Skull very extensively marked with venereal caries. B. C. i. 7. M. 21.

311. XXI. c. Skull affected with venereal caries. B. C. i. 7. M. 22.

312. XXI. c. Skull affected in many detached places with venereal caries; the disease in active progress. B. C. i. 7. M. 23.

313. XXI. c. Skull marked with venereal caries; the bones of the nose, and the palatine plate of the upper maxillary bone, partially destroyed. B. C. i. 7. M. 24.

314. XXI. c. Skull of a negro very extensively affected with venereal caries. B. C. i. 7. M. 25.

315. XXI. c. Portion of os frontis, with an indentation of its external surface, and a small perforation over the longitudinal sinus, probably from venereal disease. B. C. i. 7. M. 26.

316. XXI. c. Small portion of a cranium, with an irregularity of its inner surface. History unknown. B. C. i. 7. M. 27.

317. XXI. c. Mercurial caries, with commencing exfoliation of the outer table of the skull. Presented by Professor Thomson.

318. XXI. c. Mercurial caries affecting both tables of the skull. Presented by Professor Thomson.

319. XXI. c. Caries of the palate-bone, and part of the alveolar process of the maxillary bone in a young person. G. C. 329. a.

** *Bones of the Trunk.*

320. XIX. F. Five upper cervical vertebræ affected with caries. The patient, a female, aged 16, was affected with extensive abscesses in the neck. She died somewhat suddenly, after being attacked with difficult breathing, and symptoms resembling those of common catarrhal fever. Presented by Dr Hunter. G. C. 1075.

321. XIX. F. Atlas and dentata carious. Infirmary case. Presented by Sir George Ballingall. G. C. 823.

322. XXI. D. Five cervical vertebræ affected with scrofulous disease. The dentata has suffered most severely. Presented by Professor Russell. G. C. 1182.

323. XIX. F. Scrofulous caries of the last cervical and three upper dorsal vertebræ of a girl aged 10. Paralysis of the lower extremities, insensibility of the whole lower parts of the body, violent catarrhal attacks, and gangrene of the hip

preceded her death. Presented by William Brown, Esq. G. C. 1288.

324. XXI. D. Six dorsal vertebræ of a young person. The bodies of three of them have been destroyed by a scrofulous affection. Presented by Professor Russell. G. C. 1180.

325. XIX. F. Carious vertebræ. From a child affected with lumbar abscess which projected, and was evacuated at the groin. Presented by A. Watson, Esq. G. C. 725.

326. XIX. F. Caries of the bodies of the upper dorsal vertebræ. The vertebral disease of Pott. G. C. 596. a.

327. XXI. D. Caries and anchylosis of two cervical vertebræ. Presented by Professor Thomson.

328. XIX. F. Specimen of the inflamed state of the bone preceding its destruction in spinal caries. B. C. i. 3. M. 49.

329. XIX. F. This specimen exhibits a more advanced stage of the disease of the bodies of the vertebræ. The woman died of lumbar abscess. The intervertebral cartilages were softened, the ligaments loose and flabby, the bodies of the vertebræ partially destroyed. B. C. i. 3. M. 50.

330. XXI. D. Vertebræ of the back carious. The disease has made great ravages. Some of the vertebræ are united by bone, a small part of the 3d remains, the 6th and 7th are much destroyed, also the 9th and 10th, and the heads of the ribs have partaken of the disease. The patient died hectic. B. C. i. 3 M. 51.

331. XIX. F. Vertebræ of the back spongy and carious, one of them absorbed. The bodies are exposed, having been included in an abscess, part of the walls of which is preserved. B. C. i. 3. M. 52.

332. XIX. F. Extensive destruction of the bodies of the vertebræ; the last dorsal entirely absorbed, so that the 11th

dorsal rested on the 1st lumbar; the articulating processes united by bone. B. C. i. 3. M. 53.

333. XIX. F. Caries of the dorsal vertebræ. There is deficiency of a considerable part of the spinal column, the bodies of the vertebræ, and the intervertebral cartilages, having been absorbed. The spinal marrow has been exposed. B. C. i. 3. M. 54. W. C. H. 54.

334. XXI. D. Six lumbar vertebræ of an adult, extensively affected by scrofula. Presented by Professor Russell. G. C. 1181.

335. XXI. D. Model of a carious spine, with lumbar abscess. B. C. i. 3. M. 55.

336. XVIII. A. Uncoloured cast of the same.

337. XIX. F. Destruction of the bodies of six vertebræ by caries, with anchylosis. B. C. i. 3. M. 56. W. C. H. 53.

338. XIX. F. Section shewing curvature produced by the destruction of the bodies of the vertebræ. B. C. i. 3. M. 57.

339. XXI. D. Portion of the spine in which there is caries of the bodies of the vertebræ, and anchylosis, especially between the spinous and transverse processes. B. C. i. 3. M. 58. W. C. H. 50.

340. XXI. D. Carious vertebræ united by bony matter. B. C. i. 3. M. 59. W. C. G. 75.

341. XXI. D. Carious spine. The ribs are preserved to shew the change produced in their position by the destruction and anchylosis of the vertebræ. B. C. i. 3. M. 60.

342. XXI. D. Carious vertebræ. The spinous process is separated from the transverse process, so as to divide the ring which forms the canal of the spine; they seem, however, to have been united by ligament. B. C. i. 3. M. 61.

343. XXI. D. Two sections, shewing how perfectly the canal for the spinal marrow may retain its form, although the bodies of the vertebræ have been destroyed, and anchylosis taken place. B. C. i. 3. M. 62, 63.

344. XXII. C. Two perpendicular sections of a spine, in which there has been caries of the lumbar vertebræ. As the skeleton is entire, they form good examples of the peculiar curve produced when the disease has attacked the lower part of the column. B. C. i. 3. M. 64, 65.

345. XXII. C. Two perpendicular sections of a spine, in which there has been caries of the upper dorsal vertebræ. The curve forms a good contrast with the last. B. C. i. 3. M. 66, 67. W. C. H. 71.

346. XXI. D. Fine example of the curve which is the consequence of caries and anchylosis in the spine of a young person. The œsophagus reached directly from the neck to the diaphragm, so that it was not more than 3 inches in length, while the aorta measured between the same points nearly 9 inches. B. C. i. 3. M. 68.

347. XVIII. B. Two casts from the body from which the above skeleton was taken. B. C. i. 3. M. 69, 70.

348. XVIII. B. Cast from a boy 18 years of age, who had anchylosis of the spine after caries of the vertebræ. The pelvis and scapula are within an inch of each other. B. C. i. 3. M. 71.

349. XXI. D. Destruction of the bodies of several vertebræ, caused by the presence of a large aneurism. B. C. i. 3. M. 72.

350. XXI. D. Extensive caries and exostosis of the bones of the pelvis. The posterior synchondroses have suffered most, the joint of the right side is destroyed by caries, as is the greater part of the sacrum. B. C. ii. M. 1. W. C. H. 61.

351. XIX. F. Scrofulous caries of the sternum of a negro.

The hole communicated with a vomica of the lungs. B. C. i. 5 M. 10.

352. XIX. F. Caries of the sternum. G. C. 596. See 585.

353. XXI. D. Sternum, of which the texture is much destroyed by scrofulous caries. B. C. i. 5. M. 11.

354. XXI. D. Sternum of which the texture is altered by scrofulous inflammation. The difference of weight between this specimen and the last is remarkable, the present being solid and heavy, the other spongy and light. B. C. i. 5. M. 12.

355. XXI. D. Sternum, under which an abscess had formed. It exhibits slight appearances of caries. G. C. 656.

*** *Bones of the Upper Extremity.*

356. XIX. G. Clavicle affected with syphilitic caries. G. C. 993.

357. XIX. G. Abscess in the centre of a diseased clavicle. B. C. i. 5. M. 13. W. C. G. 26.

358. XIX. G. Caries of the head and neck of the os humeri of a child 2 years old. The portion, as seen in the preparation, was removed by operation, but the patient died a fortnight after, having suffered a violent attack of erysipelas. Presented by Dr Hunter. G. C. 1199.

359. XXI. D. Caries, with osseous deposition on the surface of an os humeri, probably syphilitic. B. C. i. 5. M. 88.

360. XXI. D. An os humeri affected with venereal inflammation. B. C. i. 5. M. 89.

361. XXI. D. Os humeri affected with venereal inflammation. From the same body as the last. A section has been

made, to shew the alteration of the internal structure. B. C. i. 5. M. 90.

362. XXI. D. Diseased os humeri, the result, in all probability, of inflammation. B. C. i. 5. M. 91.

363. XXI. D. Distal extremity of the humerus affected with scrofulous caries. The internal part of the bone has been absorbed, leaving only a thin shell. Presented by Professor Russell. G. C. 1152.

364. XIX. G. Inflamed humerus, radius and ulna injected. B. C. i. 5. M. 1.

365. XXI. D. Radius and ulna extensively affected with caries. B. C. i. 5. M. 93.

366. XXI. D. Radius and ulna affected with caries. G. C. 994.

367. XIX. G. Scrofulous caries of the bones of the elbow-joint of a boy 8 years of age, caused by an injury. Presented by Dr Pitcairn. G. C. 735.

368. XIX. G. Scrofulous caries of the upper extremity of the ulna. Presented by Professor Russell. G. C. 1149.

369. XXI. D. Caries of the upper part and articular surfaces of the ulna.

370. XXI. D. Ulna enlarged and carious, probably from venereal inflammation. B. C. i. 5. M. 92.

371. XXI. D. Diseased ulna, the result of venereal inflammation. B. C. i. 5. M. 95.

372. XXI. D. Portion of a diseased ulna. B. C. i. 5. M. 96.

373. XXI. D. Diseased radius, probably venereal. B. C. i. 5. M. 94. W. C. G. 31.

374. XIX. G. Abscess in the lower end of the radius. Three foramina communicate from different sides of the bone. The case resembles spina ventosa. B. C. i. 5. M. 14.

375. XIX. G. Scrofulous caries of the bones of the wrist of an elderly gentleman. The hand was amputated. B. C. ii. M. 57.

376. XIX. G. Metacarpal bone of the thumb, affected with caries and necrosis. Presented by Dr Hunter. G. C. 937. Described and figured in Mr B. Bell's work on the Bones, pl. i. fig. 7.

377. XIX. G. Part of metacarpal bone, having the appearance of necrosis of the larger bones, removed by operation. G. C. 995.

378. XIX. G. Scrofulous caries of the metacarpal bone and first phalanx of a finger. Presented by Sir George Ballingall. G. C. 566.

379. XIX. G. Bones shewing the effects of inflammation of the phalanges of the fingers. B. C. i. 5. M. 16. W. C. G. 11.

380. XIX. G. Carious bones of the middle finger of the right hand removed by operation. Presented by Dr Hunter. G. C. 862

381. XXI. D. Bones of the index finger of the left hand. removed by operation in a case of paronychia. Presented by Dr Hunter. G. C. 1132.

**** *Bones of the Lower Extremity.*

382. XXI. D. Os femoris affected with venereal inflammation. B. C. i. 5. M. 57.

383. XXI. D. Diseased os femoris, probably syphilitic; from a churchyard. It is very light. B. C. i. 5. M. 49.

384. XXI. D. Os femoris having a venereal node extending downwards on its inner surface. B. C. i. 5. M. 56.

385. XXI. D. Section of an os femoris exhibiting the nodes distinct from the old bone: from a venereal patient. B. C. i. 5. M. 58. W. C. G. 21. a.

386. XXI. D. Caries and necrosis of the os femoris, followed by fracture: the bone was surrounded by a large abscess, the consequence of a blow from a mallet. B. C. i. 1. M. 24.

387. XXI. D. Portion of an os femoris deeply affected with caries.

388. XXI. D. Section of an os femoris with a large node, which has a cancellated structure, and a firm cortex. B. C. i. 5. M. 59. W. C. G. 21. a.

389. XXI. D. Section of an inflamed os femoris, shewing the internal structure. B. C. i. 5. M. 60. W. C. G. 21. a.

390. XXI. D. Section of an os femoris having an enlargement of the cylinder, probably produced by syphilis. B. C. i. 5. M. 61. W. C. G. 21. a.

391. XXI. D. Section of an os femoris having a large and very solid node on its surface. B. C. i. 5. M. 62. W. C. G. 21. a.

392. XXI. D. Section of an os femoris having a venereal node on its surface. G. C. 1002.

393. XXI. D. Section of an os femoris having the walls very solid, with compact osseous deposition on the surface. Presented by Professor Thomson.

394. XXI. D. Section of an os femoris similar to the last. Presented by Professor Thomson.

395. XXI. D. Portion of a carious thigh-bone with osseous deposition. From a churchyard. B. C. i. 5. M. 68.

396. XXI. D. Lower end of the os femoris diseased. Amputation was performed.

397. XXI. D. Lower end of the os femoris diseased.

398. XXI. D. Bones of the thigh and leg affected with caries and deposition, subsequent to scrofulous inflammation. Presented by Professor Thomson.

399. XIX. G. Lower part of the os femoris carious from the pressure of a sac of blood. G. C. 984.

400. XIX. G. Portion of a femur after an attack of inflammation. Presented by Professor Russell. G. C, 1158.

401. XIX. G. Section of the lower part of the os femoris. The bone is carious, and the articular cartilage becoming undermined. From a woman forty years of age, who had long complained of pain in the knee-joint, and who died of phthisis pulmonalis. Presented by Sir George Ballingall. G. C. 858.

402. XIX. G. Section of the lower extremity of the os femoris, in the same case as the last. Lymph is seen on the surface of the bone, and the disease is undermining the articular cartilage. Presented by Sir George Ballingall. G. C. 858. a.

403. XXII. D. Os femoris of the right side increased in bulk and weight by venereal inflammation. From the dissecting-room. B. C. i. 5. M. 52.

404. XXII. D. Tibia of the right side, from the same subject, similarly affected. B. C. i. 5. M. 53.

405. XXII. D. Left thigh-bone of the same subject. B. C. i. 5. M. 54.

406. XXII. D. Left tibia of the same subject. B. C. i. 5. M. 55.

407. XXII. D. Enlargement of the thigh-bone from vio-

lent inflammation, without interstitial deposition, but with extensive depositions on the surface, which are branched and lobed, so as to bear some resemblance to stalagmite. It is also pretty extensively affected with caries. G. C. 1000.

408. XXII. D. Section of a femur, which has been rendered nearly compact by interstitial deposition, without enlargement. Presented by Professor Thomson.

409. XIX. G. Inflamed and ulcerated tibia injected. The boundaries of a large abscess are seen. B. C. i. 5. M. 3.

410. XIX. G. Lower part of the tibia much enlarged by inflammation; the cortex expanded and thin; a small cavity is seen, which probably contained pus. B. C. i. 6. M. 8. W. C. G. 14.

411. XIX. G. Tibia and fibula anchylosed by new bone shooting irregularly between them, in consequence of inflammation. The tibia is deeply ulcerated on its fore part. B. C. i. 5. M. 4. W. C. G. 21.

412. XIX. G. Distal extremity of the tibia, after an attack of inflammation. The bone is enlarged, and covered with osseous depositions. Presented by Professor Russell. G. C. 1160.

413. XIX. G. Enlargement of the tibia, with ulceration on its surface. B. C. i. 5. M. 6.

414. XXII. C. Section of a diseased tibia, in spirits. In consequence of injury from a fall, in 1814, a tumour formed on the tibia, which was cut into in 1817, and discharged a little bloody pus, but soon healed up. Some months after the patient had a severe fever, during which an opening formed where the incision had been made. The sore continued open till 1831, when the leg was amputated. The discharge gradually increased to 8, 12, and sometimes 16 ounces in 24 hours. He used a plug of wood and tow, which is seen in the preparation, removing it once or twice a-day, to discharge the contents of the cavity, which was then washed out, and filled with sponge or

tow. The opening was rather more than an inch in diameter; the osseous case was lined by a soft membrane, and was capable of containing 16½ ounces of fluid; its walls are of considerable thickness; the lower portion of the bone is sound, as was the periosteum. Presented by Professor Russell. G. C. 1218.

415. XXII. c. Corresponding section of the same tibia, dry. The walls of the cavity are thick and spongy, its internal surface rough. The medullary cavity of the lower part of the bone does not communicate with the abscess. The external surface is composed of plates resembling the usual depositions of bony matter resulting from inflammation, and in particular in necrosis, to which the disease has some resemblance. The patient stated, that at different times portions of splintered bone came away, which could be seen for months before, imbedded in the osseous walls of the cavity. Presented by Professor Russell. G. C. 1219.

415. *a*. P. 11. Painting of the bones in the same case.

415. *b*. P. 12. Another sketch of the same.

416. XIX. g. A large abscess in the tibia, which is enlarged nearly equally all round. Several holes are seen which communicated with an abscess in the soft parts. There is also anchylosis of the fibula. B. C. i. 6. m. 6. W. C. g. 27.

417. XXI. e. Tibia inflamed, probably from syphilis. It is very light. From a churchyard along with No. 391. B. C. i. 5. m. 49.

418. XXI. e. Tibia affected by syphilitic inflammation. B. C. i. 5. m. 68.

419. XXI. e. A large node probably venereal, on the back of the tibia. B. C. i. 5. m. 69. W. C. g. 40.

420. XXI. e. Tibia enlarged by venereal inflammation. B. C. i. 5. m. 74.

421. XXI. E. Node on the tibia, from venereal inflammation. B. C. i. 5. M. 72.

422. XXI. E. Two sections of a tibia enlarged by venereal inflammation. The cancellar tissue is widened, and in some parts destroyed; and there are osseous depositions on the surface. B. C. i. 5. M. 78, 79.

423. XXI. E. Tibia and fibula inflamed and ulcerated.

424. XXI. E. Tibia after inflammation, enlarged and light, with caries and osseous deposition on its surface. Presented by Professor Russell. G. C. 1179.

425. XXI. E. Tibia after inflammation, enlarged and light, with osseous depositions and extensive caries. Presented by Professor Russell. G. C. 1179. a.

426. XXI. E. Venereal inflammation of the tibia and fibula, which are uncommonly heavy. B. C. i. 5. M. 73.

427. XXI. E. General enlargement of the tibia from venereal inflammation. B. C. i. 5. M. 71.

428. XXI. E. Disease of the tibia, probably venereal. B. C. i. 5. M. 75.

429. XXI. E. Venereal node on the tibia. B. C. i. 5. M. 70.

430. XXI. E. Caries of the surface of the tibia. B. C. i. 5. M. 66.

431. XXI. E. Extensive caries of the upper part of the tibia, with osseous deposition. B. C. i. 5. M. 19.

432. XXI. E. Syphilitic exostosis of the tibia. G. C. 1005.

433. XXI. E. Osseous depositions on the tibia and fibula,

with anchylosis, in consequence of repeated attacks of inflammation. Presented by Dr Thomson.

434. XXI. E. A large and deep ulcer on the inner surface of the tibia. Granulations of new bone project from its edges. B. C. i. 5. M. 17.

435. XXI. E. A venereal node on the tibia ulcerating. G. C. 1007.

436. XXI. E. Portion of a tibia having a node produced by venereal inflammation. B. C. i. 6. M. 76.

437. XXI. E. Portion of a tibia shewing syphilitic exostosis. G. C. 1006.

438. XXI. E. Portion of a tibia, with a venereal node. B. C. i. 5. M. 15.

439. XXI. E. Portion of an inflamed tibia. B. C. i. 5. M. 77.

440. XXI. E. Inflammation and ulceration of the lower part of the tibia. B. C. i. 5. M. 65.

441. XXI. E. Section of the distal portion of a diseased tibia: the cancellar tissue widened, the parietes thin and spongy, the surface covered with osseous depositions. B. C. i. 5. M. 81.

442. XXI. E. Portion of a tibia after an attack of inflammation. There is internal caries with osseous deposition. Presented by Professor Russell. G. C. 1147.

443. XXI. E. Distal extremity of the tibia affected with scrofulous caries. Presented by Professor Russell. G. C. 1154.

444. XXI. E. Distal extremity of the tibia, where an incurable ulcer existed. Presented by Professor Russell. G. C. 1153.

445. XXI. E. Lower part of a diseased tibia; its history unknown. B. C. i. 5. M. 80.

446. XXI. E. Upper part of a tibia enlarged and carious.

447. XXI. E. Tibia and fibula of the right leg of a person affected with syphilis. The disease continued for twelve years, during the greater portion of which time mercury was taken. A large portion of the bone extending along nearly two-thirds of the anterior spine, is separating, and the bone exhibits osseous deposition, caries, and necrosis. Presented by Professor Thomson.

448. XXI. E. Tibia and fibula of the left leg of the same person, exhibiting similar appearances. Presented by Professor Thomson.

449. XXI. E. Lower half of the tibia and fibula partially covered with osseous depositions, which have been partly re-absorbed. The leg was amputated. Presented by Dr John Campbell.

450. XXI. E. Diseased tibia and fibula, exhibiting inflammation, osseous granulation, and union of the bones. B. C. i. 5. M. 67.

451. XXI. E. Inflammation of the lower part of the fibula. B. C. i. 5. M. 82.

452. XXI. E. The lower part of the fibula carious from venereal inflammation. B. C. i. 5. M. 83.

453. XXI. E. Caries of the fibula, probably from venereal disease. B. C. i. 5. M. 84.

454. XXI. E. Fibula diseased, probably from venereal inflammation. B. C. i. 5. M. 85.

455. XXI. E. Inflamed fibula. B. C. i. 5. M. 86. W. C. G. 16.

456. XXI. E. Part of a diseased fibula. History unknown. B. C. i. 5. M. 87.

457. XXI. E. Caries and osseous deposition of the fibula, from inflammation. B. C. i. 5. M. 9.

458. XXI. E. Inflammation of the fibula: an imperfect process of necrosis is seen commencing at the lower part. B. C. i. 5. M. 25.

459. XXI. E. Portion of an inflamed tibia.

460. XIX. G. Great destruction of the tibia from ulceration, the bone being very nearly divided in two. B. C. i. 5. M. 18.

461. XIX. G. Osseous granulations arising from the surface of a diseased tibia. B. C. i. 5. M. 7. W. C. G. 23. a.

462. XIX. G. Carious tibia of a man aged 36. Amputation was performed five inches below the knee. G. C. 983.

463. XIX. G. Portions of the tibia, fibula and ulna, exhibiting different forms of disease. B. C. i. 5. M. 8. W. C. G. 58.

464. XIX. G. Caries of the tibia with exfoliation. Presented by Professor Russell. G. C. 1052.

465. XIX. G. Caries of one of the bones of the tarsus. G. C. 203.

466. XIX. G. Metatarsal bone of the great toe of the left foot affected with caries, the consequence of a general syphilitic affection. Presented by Dr John Campbell. G. C. 1115.

467. XIX. G. Metatarsal bone of the great toe affected with caries and necrosis. Presented by Dr John Campbell. G. C. 1438.

468. XXI. B. Caries of the tarsus and bones of the leg, of a woman, in whom the disease had existed for many years. Amputation was performed with success. See Case of Margaret Jardine, Clin. Lect. No. i. p. 7. Presented by Sir George Ballingall. G. C. 906.

469. XXI. E. Caries with softening of the bones of the leg and foot of a man aged 39; the tibia enlarged, and presenting several abscesses in its substance. Amputation was performed, and the patient did well. See case of Thomas Sprunt, Clin. Lect. No. 4. p. 18. Presented by Sir George Ballingall. G. C. 1119.

470. XXI. E. Caries of the tarsal and metatarsal bones. The limb was amputated below the knee. Presented by Dr Hunter. G. C. 940.

471. XXI. E. Caries of the bones of the leg and foot of a child 3 years old. Amputation was performed, but the patient died. The extremity of the tibia was deprived of nearly the whole of its cartilaginous covering, the end of the fibula was covered with spongy granulations, and the astragalus lay dead in the bottom of the ulcer. See Case of John Carlan, Clin. Lect. No. 2. p. 11. Presented by Sir George Ballingall. G. C. 936.

2. Exfoliation and Necrosis.

472. XXII. D. Incipient exfoliation of part of the frontal bone. Presented by Sir George Ballingall. G. C. 912.

473. XXII. D. Skull-cap from a syphilitic patient. The caries is very extensive, and a large portion of the whole thickness of the frontal bone is very nearly detached by the process of exfoliation. B. C. i. 7. M. 15.

474. XXII. D. Skull-cap of a person who, two years before death, struck his head against a log of wood. Corona ve-

neris formed on his forehead, and the integuments ulcerating, disclosed a dead and black portion of the bone, which, after some months, came away. The caries extended. The dura mater burst, and fungus cerebri forming, the man sunk into low delirium, and expired. B. C. i. 7. M. 17.

475. XXII. D. Extensive exfoliation of part of the frontal bone, in consequence of mercurial inflammation. Presented by Dr Thomson.

476. XXII. D. Exfoliation of part of the frontal bone, with deposition of new bony matter. The process seems to have been nearly completed. Presented by Professor Russell.

477. XXII. D. Exfoliation of a small portion of the left parietal bone. Presented by Professor Russell.

478. XXII. D. Portion of a skull denuded of its periosteum by accident, and subsequently thrown off. Presented by Professor Russell. G. C. 1168.

479. XXII, D. Five specimens of separation of both tables of the skull. Presented by Professor Russell. G. C. 1169.

480. XXII. D. Mercurial exfoliation of both tables of the skull. Presented by Dr Thomson.

481. XXII. D. Mercurial exfoliation of both tables of the skull. Presented by Dr Thomson.

482. XXII. D. Exfoliation after fracture and trepanning. Presented by Dr Thomson.

483. XXII. D. Small portion of a skull. In one part, the inner table and diploe are destroyed; in another, the inner table only has suffered; while, in a third, the bone is seen of sound and healthy structure. Presented by Professor Russell. G. C. 1167.

484. XXII. D. Exfoliation of the jaw-bone, with carious teeth. G. C. 721.

485. XXII. D. Portions cast off in a case of necrosis of the lower jaw. G. C. 991.

486. XXII. D. Portion of the lower jaw, including the condyle separated in a case of necrosis. Presented by Professor Russell. G. C. 1171.

487. XXII. D. Portion of the ramus of the lower jaw thrown off in a case of necrosis. Presented by Professor Russell. G. C. 1172.

488. XXII. D. Femur greatly enlarged in bulk, from the trochanter minor nearly as far as its lower head. This may be considered as an example of the commencement of necrosis. B. C. i. 5. M. 26.

489. XX. A. Necrosis of the radius and ulna of a man aged 21. The arm was amputated, but the disease returned in the remaining part of the os humeri. G. C. 981.

490. XX. A. Necrosis of the os humeri. This is the remaining portion of that bone. See preceding preparation. G. C. 982.

491. XX. A. Characteristic example of necrosis. The new bone is seen, and the sequestrum within it is partially wasted. B. C. i. 5. M. 37.

492. XX. A. Characteristic example of necrosis. The new bone is more destroyed than it usually is. A portion of sequestrum projects through one of the foramina. B. C. i. 5. M. 39.

493. XX. A. Acute necrosis of the os humeri. The arm was amputated at the shoulder-joint. Presented by Dr Simson. G. C. 1229.

494. XX. A. Section of a necrosed os femoris, shewing the

sequestrum, which is reduced to a very small size. B. C. i. 5. M. 40.

495. XX. A. Necrosis of the os femoris following amputation. The disease stops before reaching the head of the bone. B. C. i. 5. M. 31.

496. XX. A. Necrosis of the femur beginning in the knee-joint. See Bell's Lectures on Injuries of Spine and thigh-bone, pl. v. fig. 2. B. C. i. 5. M. 41.

497. XX. A. Necrosis of the thigh-bone following amputation. B. C. i. 5. M. 30.

498. XX. A. Necrosis of the thigh-bone. A large portion of sequestrum still remains, which seems to have caused great irritation to the new bone, there being a deep cavity, and large foramina opening on its sides. The actual cautery was applied to the new bone, but the portion touched has not exfoliated. B. C. i. 5. M. 33.

499. XX. A. Oblique fracture of the os femoris, of which the cure was proceeding precisely after the manner of necrosis Presented by Professor Russell. G. C. 1159.

500. XXII. D. Necrosis of the tibia. The sequestrum is seen through the roundish apertures on the anterior part of the new bone, the surface of which is granulated. From a labourer aged 20. The disease was three years in progress; the limb was amputated about a hand's breadth above the knee-joint, but the patient died. G. C. 1000. A.

501. XX. A. Section of the lower half of a necrosed tibia injected. The boundaries of the remaining old bone are marked by bristles. The newly formed bone is beautifully vascular. B. C. i. 5. M. 27. W. C. G. 24.

502. XX. A. Section of the upper half of the same necrosed tibia injected. The boundaries of the old bone marked

by bristles. Part of the anterior surface, which had been killed by a blow on the shin, is exfoliating. B. C. i. 5. M. 28. W. C. G. 25.

503. XX. A. Portion of tibia about 2 months after fracture. Necrosis took place, and the limits of the dead portion are marked by bristles. The patient died of erysipelas and tetanus. B. C. i. 1. M. 45.

504. XX. A. Necrosis of the tibia, caused by external injury. The limb was amputated one month after the accident. Presented by Professor Russell. G. C. 1057.

505. XX. A. Ulcer of the tibia injected. A small piece of dead bone may be seen, which is detached from the surrounding parts. B. C. i. 5. M. 2.

506. XX. A. Necrosis of the tibia, after amputation of the leg. B. C. i. 5. M. 32.

507. XX. A. Necrosis of the tibia. An imperfect case of new bone incloses the sequestrum. B. C. i. 5. M. 34.

508. XX. A. Necrosis of the tibia. The sequestrum is preserved. Ulceration of the new bone to a great extent has taken place. Presented by Professor Russell. G. C. 1056.

509. XX. A. Necrosis of the tibia, with extensive caries. G. C. 985.

510. XX. A. Diseased tibia, presenting an imperfect specimen of necrosis. B. C. i. 5. M. 42.

511. XX. A. Necrosis of the tibia, and a loose portion of sequestrum. B. C. i. 5. M. 38.

512. XXII. D. Compound fracture of the tibia, in which the cure was going on after the manner of necrosis. Presented by Professor Russell. G. C. 1184. See Russell on Necrosis, vol. vi. p. 207.

513. XXII. D. Necrosis of the tibia, in which the cure has been completed, without the destruction or ejection of the original bone, which lies loose in the form of a sequestrum. Presented by Professor Russell. G. C. 1183. See Russell on Necrosis, pl. i. p. 177.

514. XXII. D. Necrosis of the tibia. The sequestrum was removed when the patient was eight years of age; the tibia was procured when he had reached his 14th year. Although bent, it is remarkably well formed, and presents the internal cancellar tissue pretty complete. Presented by Professor Russell. G. C. 1143.

515. XXII. D. Necrosis of the tibia of an old man. The new bone had undergone an attack of inflammation, as is evidenced by the depositions on its surface. Eighteen years intervened between the removal of the sequestrum and the period at which the specimen was procured. Presented by Professor Russell. G. C. 1142.

516. XXII. D. Part of a diseased tibia, shewing an imperfect attempt at renovation in an old person. Presented by Professor Russell. G. C. 1144.

517. XXII. D. Fibula in a case where caries of the tibia existed; an attempt to regenerate bone seems to have been going on. Presented by Professor Russell. G. C. 1144.

518. XXII. D. Eleven specimens of sequestra. Presented by Professor Russell. G. C. 1170.

519. XXII. D. Sequestrum in a case of necrosis of the tibia. Presented by Professor Russell. G. C. 1170.

520. XXII. D. Exfoliation from the tibia. Presented by Professor Russell. G. C. 1174.

521. XXII. D. Necrosis of the whole thickness of the tibia, mistaken for exfoliation of the external lamella. The

portion was removed, and the case did well. Presented by Professor Russell. G. C. 1162.

522. XXII. D. Necrosis in the early stage before the old bone is quite dead. B. C. i. 5. M. 23.

523. XXII. D. Exfoliation of the tibia of a boy. B. C. i. 5. M. 24.

524. XX. B. Bones of the leg of a youth exhibiting different kinds of disease. The tibia is affected with ulceration, a great portion of it having been destroyed; the fibula, partially necrosed, is covered with osseous depositions. The lower part of the tibia had become soft and spongy; the periosteum was much thickened at the diseased parts; there was extensive ulceration of the soft parts. The disease had affected the leg for 9 years, when amputation was performed with success. Presented by Professor Turner and A. Watson, Esq. G. C. 1842.

525. XX. B. Necrosis of a portion of the upper extremity of the tibia, in all probability preceded by ulceration. The osseous depositions are spicular, resembling those of osteosarcoma. The fibula is carious at its upper extremity, and partially covered with osseous deposition. G. C. 376.

526. XX. B. Necrosis of the fibula. Presented by Professor Russell. G. C. 1161.

527. XX. B. Section shewing bone forming in laminæ round the fibula. B. C. i. 5. M. 21.

528. XX. B. Necrosis of the lower head of the fibula. B. C. i. 5. M. 22. W. C. G. 61.

529. XX. B. Exfoliated portion of bone, apparently from the extremity of the fibula. Presented by Dr Brown. G. C. 202.

530. XX. B. Examples of sequestra from patients affected with necrosis. B. C. i. 5. M. 35. W. C. G. 54.

531. XX. B. A sequestrum and an exfoliated portion of bone. B. C. i. 5. M. 36.

532. XX. B. Sequestrum in a case of necrosis. G. C. 223.

533. XX. B. Sequestrum from the tibia. G. C. 223. A.

534. XX. B. Sequestrum from the tibia. G. C. 223. B.

535. XX. B. Sequestrum. G. C. 222.

536. XX. B. Sequestrum from a necrosed tibia. G. C. 1008.

537. XX. B. Sequestrum of the tibia from a boy 12 years of age. Presented by Sir George Ballingall. G. C. 796.

538. XX. B. Sequestrum. G. C. 283.

539. XXII. D. Portion of the metatarsal bone of the great toe separated by disease. The motions of the foot were not impaired. Presented by Professor Russell. G. C. 1174.

540. XVIII. A. Cast of a necrosed tibia in progress of cure. See Russell on Necrosis, pl. v. fig. i. p. 120. Presented by Professor Russell. G. C. 1177.

541. XVIII. A. Model of a necrosed tibia. Presented by Professor Russell. G. C. 1176.

542. XVIII. A. Cast of the leg in a case of necrosis of the tibia. Presented by Professor Thomson.

542. *a.* XVIII. A. Duplicate of the last article. Presented by Professor Russell.

3. Appearances exhibited by Bone after Amputation.

543. XX. B. Stump of a tibia and fibula after amputation. The extremities have united by osseous deposition. B. C i. 5. M. 43.

544. XX. B. Section of the bone of a stump after amputation of the thigh, shewing the newly formed bone on the end of it. B. C. i. 5. M. 44.

545. XX. B. Stump of a radius long after amputation. B. C. i. 5. M. 45.

546. XX. B. Section of the bone of a stump. A small portion at the extremity is seen in the process of exfoliating. B. C. i. 5. M. 46. W. C. G. 22.

547. XX. B. Osseous granulations on the end of the femur after amputation. B. C. i. 5. M. 47. W. C. G. 23.

548. XX. B. Extremity of the femur after secondary amputation of the thigh for an irritable stump. The contrast between the linea aspera, into which muscles that were in use were inserted, and the smallness of the cylinder of the bone, is remarkable. B. C. i. 5. M. 48.

549. XX. B. Portion of a femur after amputation, shewing incipient caries and osseous deposition resulting from inflammation. Presented by Professor Russell. G. C. 1158. A.

550. XX. B. Portion of a femur, illustrative of inflammation extending upwards after amputation. The bone is carious in one part, at another the process of exfoliation is going on, and new bone has been deposited on the surface. B. C. i. 5. M. 29.

551. XXII. D. Portion of bone removed from the face of a stump. Presented by Professor Russell. G. C. 1157.

552. XXII. D. Dead bone removed from the face of a stump. Presented by Professor Russell.

4. Interstitial Absorption.

a. *Curvature of the Spine.*

553. XXII. E. Distortion of the whole spine, although the change of form in the individual vertebræ is so slight as scarcely to be perceptible. This and the next five preparations are engraved and figured in Shaw's work on Distortions of the Spine. See plate i. fig. 1. B. C. i. 3. M. 5.

554. XXII. E. Spine presenting three curves. The upper lumbar and lower dorsal vertebræ are altered in form, and partially anchylosed. Shaw on Distortions, pl. i. fig. 2. B. C. i. 3. M. 6. W. C. G. 14.

555. XXII. E. Pelvis and part of the spine, shewing the curve beginning at the lower part, and continuing gradually upwards. A splint of solid bone has formed on the convex side of the curve, resembling the anchylosis so frequently found in old horses. Shaw on Distortions, pl. i. fig. 4. B. C. i. 3. M. 7.

556. XXII. E. Spine and part of the ribs of a person affected with rickets. The last lumbar vertebra projects into the pelvis, so as to diminish its capacity; the bones of the pelvis are much distorted; the distortion of the spine is chiefly at the lower part; the ribs are misshapen. This preparation is introduced here to form a contrast with the others. Shaw on Distortions, pl. i. fig. 3. B. C. i. 3. M. 8.

557. XXII. E. Anchylosis of the spine in an old person. The intervertebral substances are wasted. It is an example of the curve very common in old people in consequence of a habitual stoop. Shaw on Distortions, pl. i. fig. 5. B. C. i. 3. M. 9.

558. XXII. E. Distortion of the spine produced by caries of the vertebræ, introduced here as an object of comparison. Shaw on Distortions, pl. i. fig. 6. B. C. i. 3. M. 10.

559. XXII. E. Section of the pelvis and spine of a female; the spine greatly distorted, the pelvis natural. The canal of the spinal marrow is perfect; the intervertebral substances were healthy, the internal structure of the vertebræ unaltered, but some of the transverse articulating processes anchylosed. B. C. i. 3. M. 11.

560. XXII. E. Corresponding section of the last preparation. B. C. i. 3. M. 12.

661. XXII. E. Upper part of the spine, and the ribs. This preparation explains why the right shoulder is sometimes prominent, while the left side of the neck and the left breast are fuller than those of the right side. The position of the ribs being changed in consequence of the lateral curvature of the spine, the right scapula is removed from the spine, causing the shoulder to project, and the upper ribs of the left side arising from the convexity of the curve, cause the fulness of the breast and neck of that side. B. C. i. 3. M. 14.

562. XXII. E. Preparation exhibiting the same circumstances as the last. B. C. i. 3. M. 15.

563. XXII. E. Remarkable distortion of the spine and ribs, the bodies of the last dorsal vertebræ being twisted round so as to face completely backwards, the ribs of the left side flat and lapping round the bodies of the vertebræ, while those of the right are huddled together and much attenuated. From a man who lived nearly to the age of 50, and died of apoplexy. See Shaw on Distortions, pl. iv. B. C. i. 3. M. 17.

564. XVIII. B. Cast taken from a man 53 years of age, who was at the time in good health. The form of the distortion is very similar to that of the last preparation. B. C. i. 3. M. 18.

565. XXIII. c. Example of rather an unusual form of distortion, the deformity having fallen upon the dorsal vertebræ, and consequently very much upon the ribs. See Shaw on Distortions, pl. iii. fig. 2, 3. B. C. i. 3. M. 16. W. C. G. 13.

566. XXIII. c. Preparation illustrating the effects which distortion of the spine produces on the form of the ribs. At the upper part, on the left side, they bulge out, while lower down the contrary is the case. High in the back on the right side, the ribs are contracted and close, while a little lower down they become rounded and full. B. C. i. 3. M. 19.

567. XXIII. c. This illustrates the same kind of deformity as the last preparation. The patient from which it was taken died of consumption. B. C. i. 3. M. 20.

568. XXIII. c. In this preparation, one great curve occupies the dorsal part of the spine. The left side of the chest is larger than the right, the ribs on that side being expanded, while those on the other side converge. See Shaw on Distortions, pl. iii. fig. 1. B. C. i. 3. M. 21.

569. XXIII. c. Bones of the trunk of a lad who died of consumption. The spinous process of one of the dorsal vertebræ is twisted unnaturally to one side. B. C. i. 3. M. 75.

570. XXIII. c. Sacrum with the last lumbar vertebræ united to it by anchylosis, and slightly inclined. B. C. i. 3. M. 1.

571. XXIII. c. Sacrum slightly curved, with the last lumbar vertebra united to it by bone. B. C. i. 3. M. 2.

572. XXIII. c. Sacrum and last lumbar vertebra united, the latter placed obliquely. B. C. i. 3. M. 3.

573. XXIII. c. Sacrum and last lumbar vertebra united. There is a slight curve. B. C. i. 3. M. 4.

574 to 579. XVIII. B. Six casts illustrative of distortions of the spine. B. C. i. 27. a.

b. *Absorption of the Neck of the Femur.*

580. XXIII. D. Sinking of the head of the os femoris, from interstitial absorption of the neck, consequent on disease. B. C. i. 1. M. 22. a.

581. XXIII. D. Diseased os femoris, with distortion and shortening of the neck. B. C. i. 1. M. 33. h.

582. XXIII. D. Shortening and distortion of the neck of the thigh-bone.

[Other preparations already described under Fracture of the neck of the os femoris, p. 11, also exhibit absorption.]

5. MOLLITIES OSSIUM, OR RICKETS.

583. XXIII. C. Skeleton of a woman distorted by mollities ossium. The disease continued for many years, and was attended with incessant pain in the bones, and deposition of phosphate of lime from the urine. She was seven times pregnant, with increasing difficulty in the labours, until at length the bones of the pelvis were so closed, that it was necessary to perform the cæsarean operation. For an account of the case and operation, see Lond. Medico-Chirurgical Trans. vol. iv. The mother died, but the child lived, being the only one out of the seven that was born alive. The bones of this skeleton were so soft as to be easily cut with a knife. B. C. i. 3. M, 25.

584. XXIII. D. Skeleton of a woman, distorted by rickets. There is a double curve of the spine, the thorax is twisted to the right side, the right shoulder is higher than the other, and the pelvis is distorted in the opposite direction. The lower extremity of the left side is shortened, all its bones having been wasted and diminished in their growth, compared with the other side. B. C. i. 3. M. 28.

585. XXIII. D. Skeleton of a woman in which the marks

of rickets are perceptible, especially in the legs. This specimen is valuable, as it shews that although the spinal column be scarcely affected, the pelvis is distorted. B. C. i. 3. M. 22.

586. XXIII. E. Skeleton of Christie Moore. The distortion has fallen principally on the pelvis and legs. The former measures between the sacrum and pubes only two fingers-breadth, or an inch and a half; the transverse diameter four inches and a quarter. The linea pectinea forms a sharp spine, which was the cause of her death, for in attempting to bring the head of the child through the pelvis, the uterus was forced against the ridge and gave way. She was twice pregnant. B. C. i. 3. M. 23.

587. XXIII. E. Skeleton of a woman presenting a very remarkable case of distortion by rickets. It measures from the top of the head to the heel but thirty-one and a half inches; the heel touches the knee; the measurement from the sacrum to the pubes is two and a half inches, from the prominence of the os coccygis to the pubes three inches, from the brim of one ileum to that of the other four and three-fourth inches. The spine is distorted in the form of an S. The ribs of the left side especially are flattened and compressed; the cranium has a natural appearance, and the teeth are not affected. The arm-bones are only distorted by the action of the muscles. See Shaw on Distortions, pl. v. B. C. i. 3. M. 24.

588. XXIV. C. A rickety skull-cap, shewing great irregularity in the depth of its substance. B. C. i. 3. M. 38.

589. XXI. C. Portion of a frontal bone of extraordinary thickness. B. C. i. 3. M. 41.

590. XXIV. C. Portion of a skull, shewing great irregularity in its thickness. B. C. i. 3. M. 39.

591. XXIV. C. Portion of a skull similar to the last. B. C. i. 3. M. 40.

592. XXIV. c. Portion of a skull of the same nature as the two last. G. C. 989.

593. XXIV. c. Rickety skull-cap of extraordinary thickness. There are marks of disease on the inner surface.

594. XX. b. Portions of a spine affected with rickets: the vertebræ anchylosed and carious. G. C. 986.

595. XX. b. Sternum enlarged and spongy from rickets. G. C. 987.

596. XXIV. c. An extraordinary sternum, distorted and measuring three inches in breadth with its cartilages. From a person affected with rickets. B. C. i. 3. m. 29.

597. XXIV. c. Sternum of a rickety person greatly enlarged, measuring three inches across. B. C. i. 3. m. 45. W. C. 34. a.

598. *a*. XXIV. c. Cast of a distorted pelvis. Elizabeth Thomson, ætat. thirty-two, the mother of three children. Her first labour was natural, and the child born alive. She soon became affected with symptoms of malacosteon, and two years from this labour required, in her second confinement, the use of the crotchet. In her third labour, which happened in June 1779, she submitted to the cæsarean section, which was performed by Mr Thomas Wood, Manchester. The child was alive, and the mother survived the operation seventy-six hours. For the case see Mem. Medical Soc. of London, vol. v. Presented through Dr W. Campbell by Thomas Radford, Esq., Manchester. G. C. 1475.

599. XXIV. c. Pelvis of a rickety person, much distorted, and particularly interesting as connected with the operations of midwifery. Part of the prep. marked i. 3. m. 8. B. C. i. 3. m. 26.

600. XXIV. c. Cast of the pelvis of a female distorted by rickets. B. C. i. 3. m. 27.

601. XXIV. c. Distortion of the neck of the femur. B. C. i. 1 M. 21.

602. XXIV. c. Distortion of the neck and body of the femur. B. C. i. 1. M. 22. W. C. G. 23.

603. XXIV. c. Os femoris slightly bent, with the neck distorted by rickets; the condyles carious. Presented by Dr Thomson.

604. XXIV. c. Os femoris distorted by rickets. B. C. i. 3. M. 37.

605. XXIV. c. Os femoris bent by rickets. G. C. 1001.

606. XXIV. c. Os femoris bent by rickets. B. C. i. 3. M. 35.

607. XXIV. c. Rickety thigh-bone, with exostoses on its posterior part. B. C. i. 5. M. 50. W. C. G. 34.

608. XXIV. c. Os femoris bent by rickets, and disfigured with venereal nodes. B. C. i. 5. M. 51.

609. XXIV. c. Os femoris bent by rickets. G. C. 359.

610. XXIV. c. Os femoris bent by rickets. G. C. 360.

611. XXIV. c. Os femoris bent by rickets. G. C. 361.

612. XXIV. c. Tibia and fibula much bent by rickets. B. C. i. 3. M. 36. W. C. G. 33.

613. XXIV. c. Fibula bent by rickets. Presented by Dr Thomson.

614. XXIV. c. Six bones distorted by rickets, all from the same skeleton. The fibulæ are curved in an extraordinary degree, so that they approach the form of clasps. B. C. i. 3. M. 30.

615. XXIII. E. Bones of the upper extremity distorted by rickets. The scapulæ are bent inwards as if by the action of the muscles; the roughness for the insertion of the deltoid muscle is peculiarly prominent. B C. i. 3. M. 31.

616. XXIII. E. Bones of the left upper extremity similarly distorted. From the same person. B. C. i. 3. M. 32.

617. XXIII. E. Bones of the left lower extremity distorted by rickets; the femur and bones of the leg have the convexity of their curves directed forwards. B. C. i. 3. M. 33.

618. XXIII. E. Bones of the left lower extremity similarly distorted. These four preparations are from the same person. B. C. i. 3. M. 34.

619. XX. B. Example of the distortion of feet in infants. One leg is left undissected, to shew the external appearance of the deformity; in the other the bones and ligaments are shewn, to prove that it may be removed by art. B. C. i. 3. M. 13. W. C. H. 44.

620. XX. B. Thigh-bone and bones of the leg and feet of a young dwarf affected with mollities ossium. B. C. i. 3. M. 46. W. C. G. 36.

621. XX. B. Portion of the thigh-bone of a patient who had mollities ossium, and whose case is described in a paper by Mr Thomson in the 5th volume of Medical Observations and Inquiries. B. C. i. 3. M. 47. W. C. G. 36.

6. Wasting of Bone.

622. XXIV. D. Skull-cap of an old person. The whole of it is very thin; but there is a depression over the longitudinal sinus, which makes the bone at that part as thin as paper. B. C. i. 3. M. 42.

623. XXIV. D. Skull-cap remarkably thin over its whole extent. B. C. i. 3. M. 44.

624. XXIV. D. Skull-cap remarkably thin, apparently hydrocephalic. B. C. i. 3. M. 43.

625. XXIV. D. Hydrocephalic skull-cap enlarged and attenuated. The divergent arrangement of the osseous spicula, and their mutual insertion at the sutures, are well seen. Presented by Professor Thomson.

626. XXIV. D. Skull of a child affected with hydrocephalus. Presented by Professor Thomson.—For other hydrocephalic skulls see Diseases of the Brain.

7. Interstitial Deposition and Exostosis.

627. XXII. D. Hypertrophy of the cranium. A churchyard fragment. Presented by Professor Thomson. For similar cases of enlargement by rickets, see p. 66.

628. XXIV. D. A small exostosis on the inside of the os frontis. The skull-cap is also remarkable for its irregularity as to thickness. B. C. i. 2. M. 9.

629. XX. F. Exostosis of the bones of the pubes. The patient was treated for a very long time for psoas abscess, under which complaint he was supposed to be labouring. Presented by Professor Russell. G. C. 1059.

630. XX. F. Two ribs connected by a bony process. The connection with the upper rib was by means of a joint and ligament. From a woman aged 70. Presented by Dr Coldstream. G. C. 1298.

631. XXIV. D. A large exostosis on the sixth rib. B. C. i. 6. M. 15.

632. XXIV. D. Scapula and clavicle with exostoses on them. B. C. i. 6. M. 16.

633. XXIV. D. Os humeri with exostosis on its upper part. B. C. i. 6. M. 17.

634. XXIV. D. Os humeri with a large exostosis projecting backwards. B. C. i. 6. M. 19.

635. XXIV. D. Radius and ulna of a Dutch dwarf. A large tumour, of which a section has been made, occupies the lower part of the ulna. The radius is united to the tumour, and is curiously twisted by rickets. B. C. i. 6. M. 18.

636. XXIV. D. Slight exostosis on the os femoris, which has been inflamed and rendered compact in its structure. Presented by Professor Thomson.

637. XXIV. D. Several exostoses on different parts of the os femoris. The neck of the bone is strangely disfigured by the disease. B. C. i. 6. M. 20.

638. XXIV. D. Lower part of the os femoris with exostosis on it. From the same person as the last. B. C. i. 6. M. 21.

639. XXIV. D. Tibia and fibula affected with exostosis. The fibula is united at both extremities with the tibia. B. C. i. 6. M. 22.

640. XXIV. D. Tibia and fibula from the same body as the three preceding specimens. They are distorted, besides being clumsily united at their extremities. B. C. i. 6. M. 23.

641. XXIV. D. Tibia and fibula united at their lower part, and covered with exostoses. That on the tibia resembles a syphilitic node. B. C. i. 6. M. 24.

642. XX. F. Section of the lower half of the os femoris, having exostosis arising from inflammation surrounding it. For numerous specimens of this kind of exostosis, see the section including inflammation and its consequences. B. C. i. 5. M. 5.

643. XVIII. A. Cast of an interesting case of exostosis affecting the whole of the upper part of the right thigh. The greatest circumference of the tumour was $2\frac{1}{2}$ feet. From a man 50 years of age. Presented by J. Wardrop, Esq.

644. XXIV. D. Patella with an exostosis upon it. B. C. i. 1. M. 60.

8. Spina Ventosa.

645. XX. F. Spina ventosa in the centre of the fibula. B. C. i. 6. M. 7. W. C. G. 28.

646. XX. F. Spina ventosa in the ulna. Presented by Professor Russell. G. C. 1060.

647. XX. F. Spina ventosa of the fingers. In both specimens the disease presents itself like a large hollow long tumour arising from one side of the bone, and not as a general enlargement of its substance. G. C. 205.

648. XX. F. Spina ventosa of the tibia, the greater part of which has been destroyed and converted into a membranous bag. The fibula is curiously expanded to form part of the boundaries of this sac. The bones of the foot are remarkably soft and transparent. B. C. i. 6. M. 4.

649. XXIV. D. Spina ventosa of the os femoris. The walls of the large cavity in the bone are formed of osseous substance. Two foramina communicate with it from behind. The appearances here bear a great resemblance to those exhibited by the tibia, marked No. 414. xxii. c., the internal cavity and external deposition of bony plates and spicula being of the same nature. B. C. i. 6. M. 5. W. C. G. 29.

650. XXIV. D. Spina ventosa of the lower extremity of the femur. Presented by Professor Thomson.

9. Osteo-Sarcoma.

651. XXIV. D. Cast representing osteo-sarcoma of the lower jaw. The tumour and the greater part of the jaw were removed by operation, and the patient did well. The case is detailed in Edinb. Med. Journ. vol. xxx. p. 286. Presented by Professor Syme. G. C. 1185.

652. XXIV. D. Cast of a pelvis obstructed by an osteo-sarcomatous tumour of the sacrum, from a woman aged twenty-six, who, on her first pregnancy, submitted to the cæsarean section, after having been forty-eight hours in labour. The fœtus was still-born, and the patient died seventeen hours after the operation. It was performed by Dr M'Kibbin, in the Belfast Lying-in Hospital. See case in Edinb. Med. and Surg. Journal, No. 106. Presented by Dr William Campbell. G. C. 1476.

653. XXIV. D. Osteo-sarcoma of the head of the tibia in a young person. B. C. i. 6. M. 1.

653. *a*. Table No. 5. A model representing the last specimen in its fresh state. One side shews the appearance of the tumour when the skin was dissected off; the other shews the appearance of the bone when newly macerated. B. C. i. 6. M. 2.

654. XX. F. Osteo-sarcoma of the thigh. It was partly solid and partly cystic, and occupied the whole extent of the thigh. This specimen, which exhibits large branched and spicular plates shooting from the surface, was from the middle of the os femoris. Presented by George Bell, Esq. G. C. 314. a. and 321.

655. XX. F. Lower extremity of the os femoris in the same case, covered with long spicula, and altered internally. Presented by George Bell, Esq. G. C. 314. b.

656. XX. F. Part of the cystic portion of the same case as the two last. Presented by George Bell, Esq. G. C. 314. c.

657. XX. F. Osteo-sarcoma of the femur and knee-joint. Presented by Dr Stenhouse and Professor Turner. G. C. 320.

658. XX. F. Portion of the os innominatum affected with osteo-sarcoma. The bone is spongy in its whole thickness, and covered with very delicate spicula. Presented by Dr Cullen and Alex. Watson, Esq. G. C. 815.

659. XX. F. Section of a kind of exostosis surrounding the lower extremity of the os femoris of a young person, and resembling the usual appearance of osteo-sarcoma. B. C. i. 6. M. 9. W. C. G. 32.

660. XX. F. Osseous tumour surrounding the lower head of the fibula of a young person. Its structure resembles that of osteo-sarcoma. B. C. i. 6. M. 10.

661. XX. F. Osseous tumour from a rib, internally spongy and spicular. B. C. i. 6. M. 11. W. C. G. 43.

662. XX. F. Portion of the cranium enlarged and spongy, on which there was a tumour shooting inwards as well as outwards. B. C. i. 6. M. 41. W. C. G. 38.

663. XX. F. Ethmoid and part of sphenoid bones destroyed by a tumour pressing up from the nose upon the brain. B. C. i. 6. M. 40.

664. XX. F. Large cartilaginous tumours of the thumb and fore-finger. The patient, when a boy, had his hand crushed, after which the tumours formed gradually. B. C. i. 6. M. 32.

665. XX. F. Cartilaginous tumour of the thumb taken off at St George's Hospital. B. C. i. 6. M. 33. W. C. G. 32. a.

10. Medullary Sarcoma, Cancer, and Fungus Hæmatodes of Bone.

666. XX. F. Tumour projecting from the end of the bone after amputation of the thigh, in the case of Robert Lane, who

died of soft cancer. See Bell's Surgical Reports and Observations, p. 386. B. C. i. 6. M. 30.

667. XX. F. Section of the upper portion of a fractured os humeri, shewing a fungous tumour forming on the broken extremities. It consisted of a medullary mass, intermixed with spicula of bone, and nodules of cartilage. Presented by William Newbigging, Esq. G. C. 335.

668. XX. F. Corresponding section of the same os humeri. Presented by William Newbigging, Esq. G. C. 335.

669. XX. F. Fungus hæmatodes occurring after fracture. Inferior extremity of fractured os humeri, shewing fungus hæmatodes arising from the end of the bone, the medullary canal, and the periosteum. Presented by William Newbigging, Esq. G. C. 336.

670. XX. F. Fungous tumour of the arm in a case of ununited fracture of the os humeri. Its tissue is medulliform, interspersed with bony spicula, and nodules of cartilage. Presented by William Newbigging, Esq. G. C. 335.

671. XX. F. Section of the lower part of the os femoris in a case of fracture followed by fungus hæmatodes, which formed a tumour measuring three times the natural circle of the thigh. Amputation was performed; but the patient died. See case of William Phineas, in Bell's Surg. Rep. and Observ. p. 376. Pl. IX. See No. 130 and 131. B. C. i. 6. M. 29.

672. XX. F. Sections of the upper part of the os femoris in the same case. The peculiar matter, semitransparent and cartilaginous, is seen to reach the head of the bone. B. C. i. 6. M. 28.

673. XX. F. Fungus hæmatodes from the thigh. B. C. i. 6. M. 35.

674. XX. G. Fungus hæmatodes of the leg of a man aged 57, in whom the disease originated from exposure to cold in a

stage coach. The tibia was affected, and the tubercles occupied the cellular parts, causing the skin to project in irregular prominences of a dull leaden colour. The leg was amputated. Presented by Dr Cheyne, Leith. G. C. 1035.

675. XX. G. Transverse section of the same leg. G. C. 1035. a.

676. XVIII. A. Cast of the leg after amputation. G. C. 1035. b.

677. XX. G. Fungus hæmatodes of the leg, caused by a blow on the shin. Amputation was performed, but the patient died. See case in Bell's Surg. Rep. and Observ. p. 394. B. C. i. 6. M. 26.

678. XVIII A. Cast of the leg from which the above preparation was taken. B. C. i. 6. M. 27.

679. XX. G. Fungous tumour growing from the thigh-bone of a girl. The limb was amputated in the Edinburgh Royal Infirmary. Presented by Sir George Ballingall. G. C. 773.

680. XX. G. Section of the amputated limb of James Lowsley, whose case is given in Bell's Surg. Rep. and Observ. p. 390. The tumour is seen to arise from the centre of the head of the tibia, and consists of soft medullary substance. The limb was injected from the femoral artery, when the coloured size burst out from the whole surface of the fungous tumour. B. C. i. 6. M. 25.

681. XVIII. A. Cast of a chronic fungous tumour of the back. B. C. i. 6. M. 42.

682. XX. G. Medullary sarcoma connected with the os humeri. Presented by Professor Russell. G. C. 1054.

683. XVIII. A. Cast of a fungous tumour of the humerus. B. C. i. 6. M. 3.

684. XVIII. A. Duplicate of the last uncoloured.

685. XX. G. Fungus hæmatodes arising from the os humeri, and enveloping the elbow-joint. The arm was amputated, but the result unknown. Presented by Sir George Ballingall. G. C. 791.

686. XX. G. Fungus hæmatodes of the leg. The interior of the tibia is seen to be affected with the disease. G. C. 185.

687. XX. G. Section of a large fungous tumour which was removed from under the jaw. B. C. i. 6. M. 34.

688. XX. G. Section of the sternum of a woman whose breast had been extirpated, but without success. It is much thickened in its substance, was softer than natural, and had on both sides a cartilaginous looking substance, which is seen entering into the interior of the bone. B. C. i. 6. M. 12. W. C. G. 44.

689. XX. G. Another section of the same sternum. A large portion of the tumour is seen extending behind the ensiform cartilage. B. C. i. 6. M. 13. W. C. G. 45.

690. XX. G. Section of a sternum and carcinomatous tumour, from a woman who died of cancer of the breast. The lungs were also affected. B. C. i. 6. M. 14.

691. XX. G. Cancer of the leg. The disease has extended so as to affect the bone very deeply. The limb was amputated, but the disease returned. G. C. 307.

692. XX. G. Cancer of the leg. Presented by Mr Allan Burns. G. C. 180.

693. XX. G. Cystic tumour of the hand, the internal surfaces of which were highly vascular, and poured out a bloody fluid. It is the case alluded to by Mr Benjamin Bell in his work on the Bones, p. 157, as bloody tumour of bone. Presented by Mr Joseph Bell. G. C. 319.

694. XX. G. Example of the disease called Epulis. It commenced four years before the death of the woman, in a small tumour about the size of half a hazel nut, over the first molar tooth of the upper jaw. See case of Susannah Todd, in Bell's Surg. Rep. and Observ. p. 422. pl. x. B. C. i. 6. M. 36.

695. XX. G. The same disease is seen encroaching on the bones of the cranium, and destroying them by its contact. B. C. i. 6. M. 37.

696. XX. G. Head of a patient who died in the Middlesex Hospital. When he first presented himself, he had a large fungous tumour which projected from the left side of his face, occupying the left side of the mouth, destroying the left side of the nose, and hiding the left eye. After some time it burst, ulcerated, and bled frequently, exhibiting all the appearances of fungus hæmatodes. It is seen to extend backwards into the throat and posterior nostrils. B. C. i. 6. M. 38.

697. XXIV. D. Cast exhibiting the effects of the disease called noli-me-tangere, or rather that variety of it called lupus, in which the face is gnawed or eaten away. When the man swallowed, the action of the muscles of the fauces could be observed. B. C. i. 6. M. 39.

DIVISION II.

INJURIES AND DISEASES OF JOINTS.

SECTION I. INJURIES OF JOINTS.

698. XXI. A. Luxation of the atlas from rupture of the transverse ligament, in a venereal case. The spinal marrow was crushed between the atlas and the odontoid process of the dentata, and the patient died instantaneously. See Bell's Exposition of the Nervous System, p. 234. B. C. i. 4. M. 2.

699. XXI. A. Dislocation of the os humeri, with fracture of the scapula. Both arms had been dislocated: on this, the left side, the scapula had also been fractured through its body. The posterior portion has been dragged forwards by the action of the serratus magnus muscle, and the two portions have united irregularly. The newly-formed joint of the shoulder is exposed. B. C. ii. M. 44.

700. XXIV. E. The right scapula and os humeri from the same body as the preceding preparation, articulated as they were found. There was dislocation inwards, with fracture of the edge of the glenoid cavity. Imperfect anchylosis had taken place between the posterior part of the body of the humerus, and the fractured portion of the glenoid cavity. B. C. ii. M. 45.

701. XXIV. E. Scapula, of which apparently a dislocation from the os humeri had taken place. One half only of the glenoid cavity remains entire. B. C. ii. M. 46.

702. XXIV. E. Cast of a case of dislocation of the elbow-joint.

703. XXIV. E. A cast of the hand: dislocation of the thumb of Wood the pugilist. B. C. ii. M. 61.

704. XXI. A. A new joint formed at the hip, probably the result of an unreduced dislocation of the thigh-bone. The head of the bone is wasted by its motion on the dorsum of the ilium. B. C. ii. M. 13.

705. XXI. A. Dislocation of the patella, on the side of the external condyle of the os femoris. B. C. ii. M. 27.

706. XXI. A. Compound dislocation of the astragalus. The foot was amputated. Presented by Benjamin Bell, Esq. G. C. 1431.

707. XXIV. E. Cast of the above-mentioned case, exhibiting the appearance of the joint immediately after the accident. Presented by Benjamin Bell, Esq. G. C. 1432.

708. XXIV. E. Cast of the same case, exhibiting the appearance of the joint with the integuments removed. Presented by Benjamin Bell, Esq. G. C. 1433.

SECTION II. DISEASES OF JOINTS.

1. Inflammation and Ulceration.

709. XXIV. E. An atlas, the ring of which is incomplete. The articulating surfaces are slightly carious. G. C. 992.

710. XXI. A. Destruction of the articulating cartilages of the shoulder-joint, the bones soft and spongy; the effect of scrofulous inflammation. B. C. ii. M. 48.

711. XXI. A. Rupture of the capsular ligament of the

shoulder-joint, with subsequent suppuration within the joint. Presented by Dr John Campbell. G. C. 1290.

712. XXIV. E. Specimen of the ivory deposition on the articular surfaces of the shoulder-joint. The loss of substance here is very remarkable. Presented by Professor Russell. G. C. 1227. and 1193.

713. XXIV. E. Ivory deposition in the shoulder-joint. Presented by Professor Russell. G. C. 1228. and 1193. a.

714. XXIV. E. Scapula and os humeri. The shoulder-joint had suffered an injury: inflammation took place, and the inflamed bones have adapted themselves to each other by absorption. B. C. ii. M. 47. W. C. H. 39.

715. XXI. A. Disease of the elbow-joint consequent on compound fracture of the olecranon. Amputation was performed. The articular cartilages are partly detached, the subjacent bone eroded, and there were extensive abscesses with destruction of the surrounding soft parts. Presented by Dr John Campbell. G. C. 1251.

716. XXI. A. Destruction of the articulating cartilages of the bones forming the elbow-joint, from scrofula; the bones are particularly soft and spongy. The arm was amputated, and the patient did well. B. C. ii. M. 49. W. C. H. 38.

717. XXI. A. Scrofulous affection of the elbow-joint: the articulating cartilages destroyed, the bones soft, spongy and carious. Presented by Professor Russell. G. C. 1148.

718. XXIV. E. Bones of a diseased elbow-joint amputated. There is partial necrosis, with wasting of the radius and ulna. B. C. ii. M. 50.

719. XXIV. E. Extremity of the humerus carious, in a case of diseased elbow-joint. B. C. ii. M. 54.

720. XXI. A. Bones of the elbow-joint affected with caries. The disease was of many years standing, and the limb was amputated with success. Presented by Sir George Ballingall. See case of John Kinmont, Clin. Lect. No. 1. p. 7. G. C. 905.

721. XXIV. E. Upper portion of an ulna carious from disease of the elbow-joint. B. C. i. M. 55.

722. XXIV. E. Lower extremity of a radius diseased. B. C. ii. M. 60.

723. XXI. A. Incurable caries of the wrist-joint, removed by amputation. The disease was extensive, and had existed for a very considerable period. The structure of the bones was so soft, that a slender wire easily penetrated in any direction. Presented by Dr Hunter. G. C. 1196.

724. XXI. A. A scrofulous hand injected. The bones of the wrist diseased in consequence of a puncture; the scrofulous action, however, was general over the hand. B. C. ii. M. 56.

725. XXI. A. Soft cancer connected with the wrist, the bone forms the base of the tumour. B. C. i. 6. M. 31.

726. XXI. A. Diseased structure affecting the bones of the hand; supposed to be of a scrofulous nature. Presented by Mr Allan Burns. G. C. 171.

727. XXI. A. Part of the os innominatum and thigh-bone of a patient who died of the hip disease. The articulating surfaces are carious, and there is deposition of bony matter round the acetabulum. The capsular ligament was much relaxed, the ligamentum teres was entirely destroyed, the cartilages much eroded, the acetabulum nearly filled with coagulable lymph, and the head of the os femoris dislodged. B. C. ii. M. 7.

728. XXI. A. Head of the os femoris carious, in a case of hip disease. The ligamentum teres was ruptured, and the carti-

lages were almost entirely destroyed. Presented by Sir George Ballingall. G. C. 1101.

729. XXI. A. Hip-joint disease: the ligamentum teres destroyed, the cartilages eroded, and the bones carious. G. C. 172.

730. XXI. A. Hip-joint in which the cartilages have been destroyed, and ivory deposition commenced. Presented by Dr Knox. G. C. 1122.

731. XXI. A. Head of the os femoris undergoing similar changes of structure. Presented by Dr Knox. G. C. 1120.

732. XXIV. E. A model intended to shew the obliquity of the pelvis, and consequent shortening of the limb, from hip-disease. B. C. ii. M. 2.

733. XXIV. E. Os innominatum and thigh-bone from the same patient as the above cast. The edges of the acetabulum are wasted, and there is a hole in it. Abscess must have formed within the pelvis. B. C. ii. M. 3.

734. XXIV. E. Os innominatum and thigh-bone diseased. The head of the os femoris has been wasted away, and the acetabulum so destroyed that the neck of the thigh-bone was in the pelvis. The patient was exhausted by irritation and suppuration. B. C. ii. M. 5.

735. XXIV. E. Os innominatum in a case of hip disease: the acetabulum destroyed, as in the last preparation. B. C. ii. M. 6.

736. XXIV. E. Os innominatum and part of the thigh-bone shewing the effects of the hip disease. The patient did not die during the active state of the disease. The limb was fixed by an imperfect anchylosis at an angle with the body, the inflamed bone having moulded itself in that position. B. C. ii. M. 8.

737. XXIV. E. Portion of the os innominatum and thigh-bone in a case of hip disease, remarkable for the polish taken by the

articular surfaces, and the shortening of the neck of the thigh-bone. B. C. ii. M. 9. W. C. H. 43.

738. XXIV. E. A hip-joint which has recovered from scrofulous disease. The acetabulum locks in the head of the os femoris and the body of the latter touching the ischium, a ligamentous union has taken place. B. C. ii. M. 10.

739. XXIV. E. Os innominatum and portion of the os femoris in a case of hip disease. The articular surfaces, together with the neck and larger trochanter of the os femoris carious. Presented by J. H. Wishart, Esq. G. C. 631.

740. XXIV. E. Os innominatum and part of the thigh-bone in a case of hip-joint disease. The bones are soft, spongy, and remarkably light.

741. XXIV. E. Section of a diseased hip-joint. The cartilages covering the head of the os femoris and the acetabulum, together with the round ligament, were entirely absorbed. Presented by Dr Hunter. G. C. 921.

742. XXIV. E. Corresponding section of the preceding case. Presented by Dr Hunter. G. C. 921. a.

743. XXV. C. Hip-joint, in which the cartilages have been destroyed, and anchylosis not taking place, the acetabulum and head of the os femoris have become polished. Osseous depositions and caries are also seen. Presented by Professor Russell. G. C. 1230.

744. XXV. C. Scrofulous disease of the hip-joint. The head of the os femoris and the acetabulum wasted and carious, and the os innominatum perforated in several parts. Presented by Professor Russell. G. C. 1150.

745. XXV. C. Head of right thigh-bone and acetabulum, from a man about 60. The head and neck of the os femoris are completely absorbed. A new joint had been formed. The capsular ligament was thickened, and its cavity was much increased

in size. The parts had become curiously adapted to each other, by absorption and new deposition of bone, so as to admit of some use of the limb. Ten years previous to his death, he slipped his foot upon a stone, but did not fall. Next day he felt a swelling in his groin, and was lame ever after. A fracture of the neck of the thigh-bone seemed to have then occurred; but whether or not it took place from previous disease appears very doubtful, as the neck of the left thigh-bone was in a diseased state. See No. 746. Presented by Professor Turner and A. Watson, Esq. G. C. 1479.

746. XXV. c. Head of the left thigh-bone and acetabulum, from the same subject as No. 745. He received no injury on this joint. The neck of the os femoris is covered with copious new bony deposition. The cartilage was absorbed from a part of the head of the bone, the surface of which has undergone the polished ivory-like alteration and appearance. The acetabulum has undergone similar changes. The capsular ligament in both joints had bony excrescences attached to them. Presented by Professor Turner and A. Watson, Esq. G. C. 1481.

746. *a*, *b*. XXV. c. Portions of the capsular ligament of the same joint, partly covered with flocculent shreds, and presenting pendulous masses of osseous deposition. Presented by Professor Turner and A. Watson, Esq. G. C. 1480. and 1480. a.

747. XXV. c. Caries of the upper portion of the os femoris. Its head and trochanters are separated from the body of the bone. B. C. ii. M. 4.

748. XXV. c. Absorption of the head of the os femoris and part of the large trochanter.

749. XXI. A. An inflamed knee-joint injected. The patient had many chalk-stones in different parts of the body. B. C. ii. M. 14.

750. XXI. B. Specimen of disease of the synovial membrane of the knee-joint. B. C. ii. M. 15.

751. XXI. B. Diseased knee-joint injected. There is great destruction of the cartilages. The abscesses and sinuses external to the joint are seen to communicate with its cavity. B. C. ii. M. 16.

752. XXI. B. Extensive ulceration of the articular surfaces of the knee-joint of a young woman, who had received an injury on the knee. The limb was amputated with success. See case of Helen Coghill, Clin. Lect. No. 5. p. 12. Presented by Sir George Ballingall. G. C. 1231.

753. XXI. B. The lower extremity of the os femoris, having the arteries filled with coarse injection. The person had suffered amputation some months before death. His knee was bent. The articular cartilages are eroded near the edges of each condyle. B. C. ii. M. 17. W. C. H. 64.

754. XXI. B. Part of the lower end of the os femoris. There was an abscess under the patella. B. C. ii. M. 22.

755. XXI. B. Extremity of the os femoris and head of the tibia, in a case of white-swelling, shewing the destruction of the cartilage, and the absorption of the bone itself. Presented by Professor Turner. G. C. 199.

756. XXI. B. Commencing ulceration of the cartilages of the knee-joint, particularly of the patella and tibia. Presented by Dr Hamilton. G. C. 541.

757. XXI. B. Injected preparation of diseased knee-joint, shewing inflammation and ulceration of the cartilages and membranes. Presented by Professor Thomson. G. C. 198.

758. XXI. B. Fungus hæmatodes in the region of the knee-joint.

759. XXI. B. Knee-joint in a case of extensive inflammation. Presented by Professor Russell. The case is referred to in his treatise on the knee-joint. G. C. 1145.

760. XXI. B. Knee-joint removed by operation for white-swelling. The bones are deeply affected with caries; the articular cartilages were destroyed; and deep-seated abscesses occupied the ham, extending down the leg. From a young man aged 18. Presented by Sir George Ballingall. G. C. 864.

761. XXV. C. Lower extremity of the os femoris carious. The leg was amputated on account of scrofulous disease of the knee-joint. The external condyle is completely destroyed. B. C. ii. M. 31.

762. XXV. C. Lower extremity of the os femoris, and the head of the tibia affected with scrofulous caries. Presented by Professor Thomson. G. C. 753, 753. *a*.

763. XXV. C. Lower extremity of the os femoris. The cartilages eroded, and the bone carious. B. C. ii. M. 32.

764. XXV. C. Scrofulous caries of the bones of the knee-joint. Presented by Professor Thomson.

765. XXV. C. Caries of the lower extremity of the os femoris, with deposition of osseous matter. G. C. 375.

766. XXV. C. Lower extremity of the os femoris, and head of the tibia, in a case of scrofulous disease of the knee-joint. The cartilages eroded, and the bones carious. Presented by Professor Thomson.

767. XXV. C. Lower extremity of the os femoris, and head of the tibia, in a case of scrofulous disease of the knee-joint. The cartilages eroded, the bones carious, with osseous depositions on the condyles. Presented by Professor Thomson.

768. XXV. C. Head of the tibia and fibula. The former carious, from scrofulous disease of the knee-joint. Presented by Professor Thomson.

769. XXV. C. Head of the tibia; the cartilages eroded,

and the bone carious, from scrofulous disease of the knee-joint. Presented by Professor Thomson.

770. XXV. c. Bones of the knee-joint affected with ulceration, in a case of inflammation excited by an injury. The thigh-bone very extensively diseased, shewing caries, exfoliation, and osseous deposition. The limb was removed, and the patient, a lad aged 16, recovered. Presented by Dr Hunter. G. C. 1004.

771. XXV. c. Extensive caries of the bones of the knee-joint, in a case of white-swelling. The thigh-bone perforated. G. C. 374.

772. XXV. c. Tibia diseased in the upper portion. The bone is very light. B. C. ii. M. 30.

773–776. XXV. c. Caries of the knee-joint. Presented by Professor Russell. Four specimens, shewing the effect of white-swelling in various degrees.

777–780. XXV. c. Head of the tibia affected with caries, from cases of white-swelling. Presented by Professor Russell. Four specimens.

781. XXV. c. Caries of the bones of the knee-joint, in a case of white-swelling. There is partial necrosis of the os femoris, with extensive osseous depositions on its surface. G. C. 372.

782. XXV. c. Caries of the bones of the knee-joint, in a case of white-swelling. There is a portion of dead bone loose in the head of the tibia. Presented by Professor Thomson.

783. XXV. c. Bones of the knee-joint of a young person in a case of white-swelling. Caries is commencing, especially along the posterior surface of the lower end of the os femoris. G. C. 1250.

784. XXV. c. Caries commencing in the bones of the knee-joint, in a case of white-swelling. Presented by Sir George Ballingall. G. C. 733.

785. XXI. B. Diseased knee-joint of a man [illegible] The disease had existed 12 months. Burs[illegible] inflamed, ed and suppurated, with abscesses in the vicinity of t[illegible] the cavity of which contained pus and lymph; semilunar and articular cartilages eroded, with caries of the bone. Presented by Dr John Campbell. G. C. 1485.

786. XXI. B. A ganglion on the fore part of the knee in the process of cure. B. C. ii. M. 23.

787. XXI. B. A patella with villous projections on its cartilaginous surface. It seems to illustrate Dr Hunter's idea of the articular cartilages, that the packets of fibres project outwards from the bone in the manner of the pile of velvet. B. C. ii. M. 24. W. C. H. 42.

788. XXI. B. Absorption of cartilages, with osseous deposition: a very common appearance found in the joints of old people. B. C. ii. M. 25.

789. XXI. B. Patella affected with caries. Presented by Professor Russell. G. C. 1175.

790. XXI. B. Patella carious on the articular surface. Presented by Professor Russell. G. C. 1175.

791. XXI. B. Patella carious on the articular surface, and having osseous depositions on the other. Presented by Professor Russell. G. C. 1175.

792. XXI. B. Diseased patella. Presented by Professor Russell. G. C. 1175.

793. XXI. B. Ulceration of the lower end of the tibia. B. C. ii. M. 37.

794. XXI. B. Lower part of the tibia diseased. The patient had fallen from a great height, so as to injure the ankle-joint. The leg was amputated some time after the accident,

for what was supposed to be a scrofulous affection. The bone has the appearance of a fracture, communicating with the joint. B. C. ii. M. 38.

795. XXI. B. Lower ends of the tibia and radius, shewing the effect of inflammation of the ankle and wrist-joints. B. C. ii. M. 58.

796. XXI. F. Caries with anchylosis of the ankle-joint. B. C. ii. M. 40.

797. XXI. F. Diseased ankle-joint of a negro boy, injected. B. C. ii. M. 35.

798. XXI. F. Caries of the lower ends of the tibia and fibula, in a case of scrofulous ankle-joint. The leg was amputated. B. C. ii. M. 39.

799. XXV. C. Lower ends of the tibia and fibula carious, from a patient who had a scrofulous ankle-joint. B. C. ii. M. 41.

800. XXV. D. The lower end of the fibula diseased. B. C. ii. M. 42.

801. XXV. D. Lower articular surfaces of the tibia and fibula carious, with osseous deposition around their margin.

802. XXV. D. Caries of the articulating surfaces of the tibia and astragalus. Presented by Professor Thomson.

803. XXV. D. Scrofulous caries of the astragalus and the lower ends of the tibia and fibula. Presented by Professor Russell.

804. XXV. D. Os calcis diseased. There is a growth of new bone, which marks the groove for the tendons of the flexor longus digitorum pedis. B. C. ii. M. 43.

805. XXI. F. Metatarsal bone and first phalanx of the

great toe affected with caries. The disease originated in frost-bite, 20 years before amputation was performed. Presented by Dr John Campbell. G. C. 1486.

2. Anchylosis.

806. XXV. D. Two dorsal vertebræ anchylosed. G. C. 996.

807. XXV. D. Anchylosis of several dorsal and lumbar vertebræ. Presented by Professor Thomson.

808. XXV. D. Section of several anchylosed vertebræ. B. C. i. 3. M. 73.

809. XXV. D. Anchylosed pelvis. G. C. 997.

810. XXV. D. Anchylosed elbow-joint. B. C. ii. M. 51.

811. XXV. D. Complete anchylosis of the elbow-joint in a bent state. B. C. ii. M. 53. W. C. H. 45.

812. XXV. D. Anchylosis of the radius and ulna in a child: a very unusual circumstance. B. C. ii. M. 52.

813. XXV. D. Anchylosis of the radius, carpus, and metacarpus, consequent on diseased wrist-joint. B. C. ii. M. 59. W. C. H. 46.

814. XXV. D. Section of an anchylosed hip-joint. The disease took place eight years before the patient's death. The anchylosis has taken place with the femur bent at right angles to the body; yet the man could walk by twisting the pelvis in a particular manner. B. C. ii. M. 11. W. C. H. 59.

815. XXV. D. The corresponding section of the last preparation. B. C. ii. M. 12. W. C. H. 70.

816. XXV. D. Anchylosed knee-joint. Presented by Professor Russell.

817. XXV. D. Anchylosed knee-joint. Presented by Professor Russell.

818. XXV. D. Anchylosis of the bones of the knee-joint after dislocation from scrofula of the joint. The patella is fixed to the lower part of the outer condyle, and the tibia has been dragged behind the condyles, to the posterior part of which it adheres. B. C. ii. M. 26. W. C. H. 47.

819. XXV. D. Anchylosis of the os femoris and tibia, in the extended position of the limb. B. C. ii. M. 29. W. C. H. 47.

820. XXV. D. Anchylosis of the bones of the knee-joint, with the limb bent. The patella adheres to both the os femoris and tibia. G. C. 1003.

821. XXV. D. Anchylosis of the bones of the knee-joint, with the limb bent. The outer condyle is united to the external articulating surface of the tibia, and the patella adheres to the os femoris. This kind of distortion is owing to the patient twisting his leg round the crutch. B. C. ii. M. 28.

822. XXV. D. Anchylosis of the os femoris and patella. G. C. 373.

823. XXV. D. Diseased knee-joint becoming anchylosed. The bones are soft and much diseased. The union is taking place in the bent state of the joint: the patella adheres to the articulating surface of the outer condyle of the os femoris; the interarticular cartilages are changed in structure, and form the medium of adhesion between the thigh-bone and tibia. B. C. ii. M. 18. W. C. H. 41.

824. XXV. D. Anchylosis of the upper end of the fibula with the tibia. B. C. ii. M. 33.

825. XXV. D. Anchylosis of the upper end of the fibula with the tibia. B. C. ii. M. 34.

826. XXV. D. Anchylosed ankle-joint. G. C. 364.

3. Loose Bodies in Joints.

827. XXI. F. Cartilaginous substances found in a ganglion over the tendon of the extensor digitorum. B. C. ii. M. 36.

827. *a.* XXI. F. Albuminous substances, nearly a hundred, evacuated by incision from the sheath of the flexor tendons of the middle finger. Presented by Dr Gairdner. G. C. 852.

828. XXI. F. Cartilaginous substances in the knee-joint: one of them, soft externally, but bony in the inside, is fastened before the anterior crucial ligament; clusters of them are adhering around the patella. The articular cartilages are partly ulcerated, and the ligaments thickened. B. C. ii. M. 19. W. C. H. 40.

829. XXI. F. Loose cartilage from the knee-joint of a young man aged 19. It was extracted by Mr Allen, and the patient did well. G. C. 950.

830. XXI. F. Cartilaginous body attached to the olecranal cavity of the os humeri, which must have interfered considerably with the motion of the joint. Presented by Dr Hunter. G. C. 1194.

831. XXI. F. The right patella, with the ligaments of the knee-joint, exhibiting an extraordinary change in the structure of the apparatus of the joint, the inner surface being covered with numerous lobed and fimbriated appendages. B. C. ii. M. 20.

832. XXI. F. The left knee-joint from the same body as the preceding preparation, exhibiting a similar appearance of the ligamentous apparatus. B. C. ii. M. 21.

DIVISION III.

INJURIES AND DISEASES OF MUSCLES AND TENDONS.

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833. XXI. F. Scapula, os humeri, &c., of a paralytic patient. The biceps muscle has become a white fibrous cord. B. C. iv. 1. M. 1.

834. XXI. F. The soleus muscle of a white colour, from a patient who had been paralytic some years. B. C. iv. 1. M. 2.

835. XXI. F. Part of a muscle from a paralytic patient. It has entirely lost its muscular character. B. C. iv. 1. M. 3.

836. XXI. F. A large abscess in the body of a muscle. B. C. iv. 1. M. 4.

837. XXI. F. Thumb and flexor longus pollicis torn off by getting entangled in machinery. B. C. 1. M. 5.

838. XXI. F. Altered condition of that portion of the tendon of the biceps flexor cubiti, which passes into the shoulder-joint. See Lond. Med. Gazette, No. 14. Presented by Dr Knox. G. C. 1121.

839. XXI. F. Peculiar condensed state of the diaphragm. Presented by Professor Thomson. G. C. 611.

840. XX. F. Portion of a diaphragm on the upper surface of which a false membrane has been formed. Presented by Dr Abercrombie. G. C. 875.

CLASS II.

ORGANS OF SENSATION.

I. INJURIES AND DISEASES OF THE BRAIN AND NERVES.

II. INJURIES AND DISEASES OF THE ORGANS OF SENSE.

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DIVISION I.

INJURIES AND DISEASES OF THE BRAIN AND NERVES.

SECTION I. INJURIES OF THE BRAIN.

841. Table No. 5. Model of fungus cerebri. The boy was swinging on the gate of a sunk area. It gave way, he fell, and one of the pikes entered the skull and dura mater. He was trepanned. See John Bell's Principles of Surgery, p. 800. B. C. i. 2. M. 15.

842. XXI. G. Dura mater lacerated from fracture of the skull. Fungus cerebri protruded. B. C. i. 2. M. 16.

843. XXI. G. Fungus cerebri. The brain was protruded eight days after the accident. The patient lived three weeks. During life, it presented such an excrescence as is represented by No. 841.; but here, in death, is almost wasted away. B. C. i. 2. M. 21.

844. XXI. G. Hole in the dura mater, through which the fungus cerebri of last preparation protruded. B. C. i. 2. M. 17.

845. XXI. G. Fungus cerebri occurring after destruction of the bones of the cranium, and ulceration of the dura mater, in consequence of syphilis. See No. 474. B. C. i. 2. M. 22.

846. XXI. G. Portion of the dura mater from a patient

who was trepanned. The mark of the circle of the bone may be seen. B. C. i. 2. M. 18.

847. XXI. G. Tumour of the dura mater which shot up four days after the patient was trepanned for fracture of the inner table. He lived for a short time after. This is a specimen of the true fungus of the dura mater, which authors have confounded with fungus cerebri. B. C. i. 2. M. 19. W. C. M. 51.

848. XXI. G. Fungus cerebri after the operation of trepanning. B. C. i. 2. M. 23.

849. XXI. G. Preparation of fungus cerebri which is described in Bell's Operat. Surg. vol. i. p. 405. B. G. i. 2. M. 24.

850. XXI. G. Laceration of the dura mater from fracture of the skull. The skull-cap is preserved, and is marked No. 14. There was an irregular protrusion of the substance of the brain through the aperture, and a great quantity of pus under the dura mater. B. C. i. 2. M. 26.

851. Table No. 6. Model of a brain exhibiting coagulable lymph on the surface, consequent on concussion. B. C. i. 2. M. 27.

852. VIII. Drawing of a case of fungus cerebri. B. C. i. 2. M. 28.

853. XXI. G. Septum lucidum injured by a fall. Bristles are placed through the ruptured part. B. C. v. 1. M. 22. W. C. L. 32.

854. XXI. G. Portion of the dura mater opened by an operation, after injury of the head, occasioned by a fall from a gig. A great quantity of thin bloody fluid was discharged, and the patient died 24 hours after the operation. Presented by James Wardrop, Esq. G. C. 85.

855. XXI. G. Dura mater in a case of fracture, where the cranium was trepanned. See No. 20. G. C. 972.

SECTION II. DISEASES OF THE BRAIN AND ITS MEMBRANES.

1. Diseases of the Membranes of the Brain.

856. XXI. G. Inflammation of the dura mater, with effusion of lymph, from a patient who fell down stairs. He died 3 days after the accident. There was no fracture. B. C. v. 1. M. 1. W. C. L. 26.

857. XXI. G. Portion of dura mater from the same patient as the last, shewing the effused lymph more distinctly. B. C. v. 1. M. 2. W. C. L. 27.

858. XXI. G. Portion of the dura mater of a patient who laboured long under phrenitis. It is covered with a layer of coagulable lymph. B. C. v. 1. M. 3.

859. XXI. G. Portion of the dura mater covered with a layer of coagulable lymph. From a patient in the lunatic asylum at Aberdeen. Presented by Dr Simson. G. C. 1492.

860. XXI. G. Portion of dura mater from a patient, a part of whose skull was exfoliating. B. C. v. 1. M. 4.

861. XXI. G. Part of the dura mater of a patient whose skull had thrown off a portion of bone. B. C. v. 1. M. 5.

862. XXI. G. Portion of dura mater from a child who had syphilitic caries of the skull opposite this part. B. C. v. 1. M. 6.

863. XXI. G. Great ulceration of the dura mater, from a person who had extensive exfoliation and caries of the skull. The same case as No. 289. B. C. v. 1. M. 7.

864. XXI. G. Great destruction of the dura mater has

taken place, from ulceration on both sides of the longitudinal sinus. B. C. v. 1. m. 8.

865. XXII. a. Ossification of the dura mater over the situation of the longitudinal sinus. From a woman about 45 years of age. B. C. v. 1. m. 14.

866. XXII. a. Masses of osseous deposition in the falx of the dura mater. B. C. v. 1. m. 15. W. C. m. 49.

867. XXII. a. Ossification in the dura mater. The patient complained of a distressing smell. Mr Cruikshank had a similar ossification of the dura mater, with the same complaint. B. C. v. 1. m. 16. W. C. l. 28.

868. XXII. a. Piece of bone found between the folds of the dura mater, near the origin of the frontal sinus, in a gentleman who died of extensive and long continued disease of the left hemisphere of the brain. Presented by Wm. Wood, Esq. G. C. 1477.

869. XXII. a. Tumour situated between the layers of the dura mater. Presented by Dr Abercrombie. G. C. 865.

870. XXII. a. Scirrhous tumour adhering to the inner surface of the dura mater, near the falciform process. It was imbedded in the brain, and hollowed out the inside of the cranium. Much water was found between the pia mater and brain, and the ventricles were fuller than usual. The patient, a young woman, was successively affected with symptoms of pressure, and inflammation of the brain, mania, dilated pupils, insensibility to light, and at length something like paralysis. B. C. i. 2. m. 20. W. C. l. 48.

871. XXII. a. Tubercles connected with the dura mater.

872. XXII. a. Scrofulous tumour connected with the dura mater. Presented by Professor Thomson. G. C. 54. b.

873. XXII. a. Tumour attached to the falx of the dura *mater.* Presented by Dr Abercrombie. G. C. 867.

2. Diseases of the Brain.

874. XXII. A. Preparation of the base of the brain of a woman whose case is given in Dr Cheyne's work on Apoplexy. A bristle marks the place of the rupture of the anterior artery of the cerebrum. B. C. v. 1. m. 23.

875. XXII. A. Clot of blood in the anterior cornua of the lateral ventricles. From a woman aged 60, who died of apoplexy. Presented by the Edinburgh Anatomical Society, through Dr A. D. Maclagan. G. C. 1451.

876. XXII. A. Portion of the brain of a person who died of apoplexy. A great quantity of blood was effused. The arteries had small ossifications in their coats. B. C. v. 1. m. 24.

877. XXII. A. Upper part of the right hemisphere of the brain of a person who, while drunk, fell down a stair. Symptoms of inflammation came on, and he was delirious for three days. Blood was effused between the dura mater and pia mater, and pus was also found in the same situation over the hemispheres. B. C. v. 1. m. 25. W. C. l. 31.

878. XXII. A. Portion of the brain of a woman who died of apoplexy. It contained in the centre a coagulum of blood, which filled the whole of the right ventricle, extended into the substance of the brain, and was visible through the thin layer of cerebral substance which remained entire on the posterior surface. Presented by David Hay, Esq. G. C. 766.

879. XXII. A. Section of the cerebellum and pons varolii of a middle-aged woman, who dropped down suddenly in the street, and died in a few minutes. There is a small coagulum of blood in the substance of the tuber, which round it was very soft and vascular. The basilar artery is sound. Dr Cullen. Paris. G. C. 533.

880. XXII. A. Cerebellum of a young man who had been

subject for three years to intense pain in the head, and fits resembling epileptic. A tumour containing pus was found towards the cerebellum. B. C. v. 1. m. 29. W. C. l. 44.

881. XXII. a. A large abscess in the substance of the brain. B. C. v. 1. m. 26.

882. XXII. a. Small portion of the brain of a person who was subject to frequent fits. A cavity containing grumous blood and pus was found in one of the hemispheres, and the surrounding parts were of looser texture than usual. B. C. v. 1. m. 27. W. C. l. 41.

883. XXII. a. Upper part of the abscess of the brain seen in the last preparation. B. C. v. 1. m. 28. W. C. l. 421.

884. XXII. a. Portion of a diseased brain in a case of epilepsy. The patient, a man near 60, died two years after the first attack. On the left side, the dura mater adhered to the surface of the arachnoid and pia mater. Under these membranes, and anterior to the course of the middle meningeal artery, was a series of tumours extending over the whole surface of the middle left lobe of the cerebrum. Presented by Dr Gairdner. G. C. 1110.

885. XXII. a. Tumours from the situation of the left middle lobe of the cerebrum, in the same case as the last. Presented by Dr Gairdner. G. C. 1110. a.

886. XXII. a. Arteries of the brain ossified. From a man who died of apoplexy. Presented by Alexander Watson, Esq. G. C. 706.

887. 887. *a.* XXII. a. Arteries from the base of the brain partially ossified, and a portion of the dura mater on which there are numerous ossifications. A part of the artery forming the circle of Willis burst, and caused a fatal effusion of blood into the cranium. Presented by Alex. Watson, Esq. G. C. 1488, 1488. a.

888. XXII. A. Protrusion of the membranes of the brain through the ethmoid bone and upper part of the nose. Presented by Professor Turner. G. C. 349.

889. XXII. B. Part of a tumour at the base of the brain, from a patient in the Middlesex Hospital, who died of epilepsy. B. C. V. 1. M. 9.

890. XXII. B. Another section of the same tumour. B. C. V. 1. M. 10.

891. XXII. B. Six tumours, forming a series of different sizes, found in the brain of a scrofulous child. B. C. V. 1. M. 11.

892. XXII. B. Section of a tumour found in the brain of an epileptic patient. B. C. V. 1. M. 12.

893. XXII. B. Section of a tumour from the brain. G. C. 193.

894. XXII. B. Tumour from the brain. Presented by Professor Thomson. G. C. 628.

895. XXII. B. Tumour from the brain. Presented by Dr Abercrombie. G. C. 868.

896. XXII. B. Tumour from the brain. Presented by Mr Edmonston. G. C. 84.

897. XXII. B. Tumour from the brain. G. C. 194.

898. XXII. B. Tumour from the brain of a woman who had been ill more than two years, lost the senses of smell and sight, and finally became quite idiotic. It was slightly connected with the dura mater, as it dips down through the cribriform plate of the ethmoid bone, and in rising up under the anterior lobes of the brain had separated the olfactory nerves. Presented by Dr Knox. G. C. 574.

899. XXII. B. Scrofulous tumour growing in the substance of the cerebellum. G. C. 54. a.

900. XXII. B. Tubercular deposits which formed in the brain of a boy about six years of age, after slight febrile symptoms.

901. XXII. B. Tumour occupying the situation of the right thalamus nervi optici of a girl five years of age. The disease began about three years previous to her death, with an epileptic attack; the fits continued to occur at intervals, and in one of them she expired. The brain was found soft, with very little fluid in the ventricles. Presented by Dr Hunter. G. C. 901.

902. XXII. B. The plexus choroides having a tumour which contained phosphate of lime. B. C. v. 1. M. 30. W. C. M. 50.

903. XXII. B. A cyst found in the brain. It contained four ounces of purulent matter. B. C. v. 1. M. 18. W. C. L. 33.

904. XXII. B. Hydatid found in the substance of the brain. B. C. v. 1. M. 17.

3. Effects of Hydrocephalus.

905. XXII. B. The skull-cap of a boy who had long suffered under hydrocephalus. B. C. v. 1. 1. M. 19.

906. Table No. 1. Skeleton of a child, exhibiting the effects of hydrocephalus on the bones of the head. B. C. v. 1. M. 20.

907. Table No. 1. Skull of a woman affected with hydrocephalus. It was of the usual size at birth, about six months afterwards suddenly enlarged, and in eight or nine days attained its greatest size. It was firmly ossified at 12, and the woman died at 21. See Dr Craigie's account of a case of chronic hydrocephalus, in Edinb. Med. and Surg. Journ. v. xxxviii. p. 41. Presented by Dr John Campbell. G. C.

908. XXVI. A. Cast of the head of a child which died of hydrocephalus. B. C. v. 1. M. 21.

SECTION III. DISEASES OF THE SPINAL CORD AND NERVES.

909. XXII. B. Scrofulous tubercles in the spinal marrow. The brain was healthy, and the legs did not appear to have been paralytic. B. C. v. M. 2. W. C. L. 35.

910. XXII. B. Scrofulous tubercles in the spinal marrow, at the neck. The same as the last. B. C. v. 2. M. 3. W. C. L. 34.

911. XXII. B. Tumour in the lower part of the dorsal portion of the spinal marrow.

912. XXII. B. Spinal cord inflamed. Presented by Professor Thomson. G. C. 672.

913. XXII. B. Inflammation and softening of the spinal marrow. There is also a very considerable formation of false membrane in the situation of the vascular membrane. Presented by Professor Thomson. G. C. 849.

914. XXII. B. Lower part of the spinal marrow, a portion of which is in a decided state of ramollissement, while in other parts there are depositions of lymph, some of which have assumed a bony character. From a man 35 years of age, who had been for three months affected with loss of power and sensation in the lower extremities, paralysis of the bladder, and torpor of the bowels. Presented by Dr Balfour. G. C. 1491.

915. XXII. F. Softening of the spinal cord. Presented by Dr Hunter. G. C. 568.

916. XXII. F. Minute osseous scales on the sheath of the spinal marrow. Presented by Alexander Watson, Esq.

917. XXII. F. Specimen of spina bifida. Presented by John H. Wishart, Esq. G. C. 176.

918. XXII. F. Incurvated spine with spina bifida at the lower part of the loins and sacrum. Great malformation in the urinary and generative organs. B. C. v. 2. M. 4. W. C. L. 36.

919. XXII. F. Tumour in the popliteal nerve caused by a blow. The man fell from the side of a ship. See case in Bell's Operative Surgery. B. C. v. 2. M. 6.

920. XXII. F. Enlarged and hardened nerve, in a case in which the arm had been torn off by machinery. The pain was so severe as to render amputation necessary. Edinb. Royal Infirmary. G. C. 428.

921. XXII. F. Examples of the tumour that forms upon a nerve after amputation. B. C. v. 2. M. 8.

922. XXII. F. Nervous tubercle removed from the subcutaneous tissue of the leg of a lady aged 60. It was accompanied by paroxysms of intense pain. Presented by David Hay, Esq. See the case in Mr Wood's paper, in Med. Chir. Trans. v. iii. p. 331. G. C. 1135.

923. XXII. F. Nervous tubercle extirpated from the skin on the lower part of the abdomen of a woman aged 35. It was of a firm compact texture, and inclosed in a cyst. Presented by Mr Allan. G. C. 946.

924. XXII. F. Nervous tubercle from the subcutaneous tissue. Presented by J. Simpson, Esq. See the case in Mr Wood's paper, in Med. Chir. Trans. v. iii. p. 332. G. C. 913.

924. *a*. XXII. F. Two singular tumours in the neck connected with the par vagum on each side, apparently of a fibrous texture, with enlargement of the nerves. They proved fatal from the projecting knob preventing deglutition. Presented by George Bell, Esq. See Mr Wood's Observ. on Neuroma, Med. Chir. Trans. v. iii. p. 431. G. C. 248.

924. *b*. XXII. F. Sympathetic nerve of left side of the same case. Presented by Professor Turner. G. C. 1206.

DIVISION II.

INJURIES AND DISEASES OF THE ORGANS OF SENSE.

SECTION I. DISEASES OF THE EYE.

925. XXII. F. Section of an eye affected with carcinoma and melanosis. The lens appears to be changed into a bony mass. B. C. vi. M. 1. W. C. M. 79.

926. XXII. F. Section of an eye affected with carcinoma and melanosis. The bands peculiar to the scirrhous structure are distinctly seen. B. C. vi. M. 2. W. C. M. 80.

927. XXII. F. Fungus hæmatodes of the eye. The capsule of the lens is still entire. Extirpated by Mr Brodie. B. C. vi. M. 3.

928. XXII. F. Pearly cataract adhering firmly to the iris. B. C. vi. M. 4. W. C. M. 81.

929. XXII. F. Cataract with thickening of the cornea. B. C. vi. M. 5. W. C. M. 82.

930. XXII. F. Specimen of what has been called Black Cataract. B. C. vi. M. 6.

931. XXII. F. The eye of a person blind from cataract. The choroid coat thick, the retina shrunk, the vitreous humour gone. There appeared to be a cicatrix on the cornea. B. C. vi. M. 7. W. C. M. 60.

932. XXII. F. Optic nerves of a woman who was blind in one eye. The nerve of the blind eye is wasted, and forms a remarkable contrast with that of the sound eye. B. C. vi. M. 8.

933. XXII. F. Cancer affecting both eyelids, most of the muscles of the eye, and the sclerotic coat. The eye was extirpated with success. Presented by Sir George Ballingall. See case of Martin Smith, Clin. Lect. No. 4. p. 23. G. C. 1133.

934. XXII. F. Inflammation of the eye, ulceration of the cornea, and effusion of lymph around the lens. Presented by Dr John Campbell. G. C. 1289.

935. XXII. F. Melanosis of the eyeball. It formed a soft elastic tumour about the size of an orange, and originated from an injury which the eye had received ten years before its extirpation, which was successfully effected. See case of Robert Amos, Clin. Lect. No. 3. p. 20. Presented by Sir George Ballingall. G. C. 1099.

936. XXII. F. Melanosis of the eyeball. Section of the same tumour as the last. Presented by Sir George Ballingall. G. C. 1099. a.

937. XXII. F. Melanotic tumour removed from between the roof of the orbit and the globe of the right eye. About a week after the operation, violent erysipelas supervened, and the patient died. See case of James Macintosh, Clin. Lect. No. 3. p. 17. Presented by Sir George Ballingall. G. C. 1084.

938. XXII. F. Eyeball of the same person. It was found to be affected with melanosis. A small portion of the tumour is seen adhering to the sheath of the optic nerve. Presented by Sir George Ballingall. G. C. 1087.

939. XXII F. Fungus hæmatodes with melanosis, commencing in the lachrymal gland, and extending to the sphenoid cells. Presented by James Wardrop, Esq. G. C. 196.

940. XXII. F. Fungus hæmatodes of the eyeball. G. C. 197.

941. XXII. F. Section of an eye affected with fungus hæmatodes. G. C. 644.

942. XXII. F. Fungus hæmatodes of the retina of a girl aged two years. The eye was extirpated with success. G. C. 980.

943. XXII. F. Fungus hæmatodes with melanosis of the eyeball, which was extirpated. The patient was affected with melanosis in almost every tissue of the body. Presented by Dr Pitcairn. G. C. 488.

944. XXII. F. Bony concretion removed from the back part of the eye. G. C. 102.

945. XXII. F. Tubercular excrescences of a carcinomatous character, which were situated over the right molar bone, extended to the outer canthus of the eye, and adhered to the eyeball. The patient was about 60, and remarkably healthy. Erysipelas supervened, and he died three weeks after the operation. Presented by Dr Hunter. G. C. 1085.

SECTION II. DISEASES OF THE EAR.

946. XXII. G. Caries, with destruction of a portion of the squamous plate of the temporal bone, from suppuration in the mastoid cells. B. C. 1. 5. M. 12. a.

947. XXII. G. Caries, with destruction of a portion of the pars petrosa of the temporal bone, from abscess in the mastoid cells. Presented by Professor Thomson.

SECTION III. DISEASES OF THE NOSE.

948. XXII. G. Polypous excrescences from the nose of a lady. Similar ones had been extracted three times before. B. C. viii. 1. M. 1. W. C. P. 17.

949. XXII. G. Polypus extracted from the same patient as the last, two years afterwards. B. C. viii. 1. M. 2. W. C. P. 18.

950. XXII. G. Polypus extracted from the nose. B. C. viii. 1. M. 3.

951. XXII. G. Two polypi extracted from the nose. B. C. viii. 1. M. 4.

952. XXII. G. Two polypi extracted from the nose. G. C. 971.

953. XXII. G. Polypi in the nose. G. C. 970.

954. XXII. G. Polypus from the nose. Presented by Professor Russell. G. C. 1061.

955. XXII. G. Fungoid polypi, from a patient who had excrescences frequently removed from the nose. G. C. 634.

956. XXII. G. Portion of a polypus removed from the antrum. Presented by Professor Thomson. G. C. 92.

957. XXII. G. Polypus in the antrum of a young man, who died in consequence of the irritation and loss of blood occasioned by it. G. C. 968.

958. XXII. G. Polypus in the antrum of an elderly gentleman: the eye protruded, the walls of the antrum carious. The tumour, which was lobulated and fungoid, was removed, but there ensued great swelling of the face, eye, and

temple, followed by gangrene, fits of vomiting, high fever, and erysipelas of the head, in consequence of which the patient died. The eyeball had suppurated and burst, the cheek was one great abscess, the malar bone and walls of the antrum were completely carious, and the tumour was found to have been attached to the fatty substance at the bottom of the eye, as well as to the antrum. G. C. 969.

959. XXII. G. Tumour resembling fungus hæmatodes removed from the right antrum of a man aged 51. Presented by Sir George Ballingall. See case of Hugh Morrison, Clin. Lect. No. 2. p. 21. G. C. 934.

960. XXVI. A. Cast of the above tumour previous to its removal.

SECTION IV. DISEASES OF THE TONGUE.

961. XXII. G. Tumour removed from under the tongue. Presented by John H. Wishart, Esq. G. C. 630.

962. XXII. G. Abscess under the tongue. G. C. 124.

963. XXII. G. Cancer of the tongue. G. C. 660.

964. XXII. G. Polypus removed by ligature from the base of the tongue of a woman. Its substance was uncommonly dense and tough. A bristle is passed through the pedicle by which it was attached. Presented by Dr Huie. G. C. 860.

SECTION V. DISEASES OF THE SKIN.

965. XXII. G. Portion of the skin of the leg of a patient in St George's Hospital affected with Elephantiasis. The disease appears to be seated principally in the cutis. B. C. x. 1. M. 1.

966. XXII. G. The skin and cellular membrane much condensed, from a patient who had anasarca. B. C. i. M. 2.

967. XXII. G. The skin and cellular membrane much thickened, from a patient who had anasarca. B. C. i. M. 3.

968. XXII. G. Portion of the skin of the leg covering the tibia, under which are several small ossifications in the cellular membrane. G. C. 82.

969. XXII. G. Two small ossifications in the subcutaneous cellular tissue, from the thigh of an old woman. G. C. 83.

970. XXII. G. Portion of skin which is very much diseased, having assumed a tubercular appearance. It is also ulcerated. B. C. x. 1. M. 6. W. C. Q. 46.

971. XXII. G. Warty excrescences extirpated from the skin of the thigh. They arose from the fascia of the thigh, in the cicatrix of an old wound. Presented by Dr Pitcairn. G. C. 734.

972. XXII. G. Cancerous wart of the lip. G. C. 183.

973. XXIII. A. Two excrescences of a horny nature, which grew from the head of a female. B. C. x. 1. M. 8. W. C. Q. 45.

974. XXIII. A. Cicatrix of a stump below the knee. B. C. x. 1. M. 7. W. C. Q. 52.

975. XXIII. A. Tumour from the scalp. B. C. x. 1. M. 10.

976. XXIII. A. Tumour from the scalp. Presented by William Newbigging, Esq. G. C. 1043.

977. XXIII. A. Cancer of the hairy scalp. G. C. 179.

978. XXIII. A. Cerebriform cancer of the face. The man died exhausted. From Paris. Dr Cullen. G. C. 585.

979. XXIII. A. Tuberculated cancer of the skin, extending to the pectoral muscle, with ulceration. G. C. 255.

980. XXIII. A. Cancer of the skin. G. C. 177.

981. XXIII. A. Cancer of the skin of the thumb in a woman above 80 years of age, together with a cancerous wart cut from another part of the same hand. Presented by Alexander Watson, Esq. G. C. 1136.

982. XXIII. A, Portion of skin from a cancerous tumour of the leg. B. C. xvi. 5. M. 8.

983. XXIII. A. Malignant-looking ulcer removed from over the sacrum of an old woman. Presented by Sir George Ballingall. G. C. 795.

984. XXIII. A. Ulcer, with fungating warty excrescences of a carcinomatous character, removed from the thigh, from the cicatrix of a wound left by the extraction of a tumour some years previously. Presented by Sir George Ballingall. See case of James Craig, Clin. Lect. No. 3. p. 13. G. C. 1078.

985. XXIII. A. Cancerous ulcer of the leg, situated immediately over the tibia, but not extending to the bone, at least in any great degree. Amputation was performed, but the woman died. Presented by Sir George Ballingall. G. 844.

985. *a.* XXIII. A. Portion of the tibia and fibula of the above case. Presented by Sir George Ballingall. G. C. 844. a.

986. XXIII. A. Cancerous ulcer on the back of the hand. In this case carbonic acid was tried for many weeks, partial cicatrization took place, but the ulceration recurring, amputation was performed. Presented by Professor Thomson. G. C. 181.

987. XXVI. Cast of the leg of a man aged 77, representing an irregular cancerous-looking sore, two inches in diameter, with a defined border. The ulcerated surface was cut out by Mr Allan, and the case terminated well. G. C. 1030.

987. *a.* XXVI. Cast of a callous ulcer of the leg. G. C. 1031.

988. XVIII. B. Head and neck of a man who died of cholera, shewing extensive cicatrization of the neck in consequence of burn, with retraction and eversion of the lower lip. Presented by Dr Mackintosh. G. C. 1544.

988. *a.* XVIII. B. Cast of the same. G. C. 1545.

989. XXIII. A. Hand affected with dry gangrene. B. C. iv. 1. M. 7.

990. XXIII. A. Dry gangrene of the fingers. G. C. 95.

991. XXIII. A. Dry gangrene of the fingers. G. C. 96.

992. XXIII. A. A foot in which separation of the toes was going on, from mortification caused by frost-bite. Presented by William Newbigging, Esq. G. C. 225.

993. XXIII. A. Nail of the great toe of an old woman remarkably elongated and distorted. B. C. x. 3. No. 5.

994. XXIII. A. Nail of one of the toes of an old woman similarly affected. B. C. x. 3. No. 6.

995. XXIII. A. Diseased nail of a toe. Presented by William Wood, Esq. G. C. 1490.

CLASS III.

ORGANS OF CIRCULATION.

I. INJURIES AND DISEASES OF THE HEART.
II. DISEASES OF THE ARTERIES.
III. DISEASES OF THE VEINS.
IV. DISEASED STATES OF THE BLOOD.
V. DISEASES OF THE LYMPHATICS.

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DIVISION I.

INJURIES AND DISEASES OF THE HEART.

SECTION I. INJURIES OF THE HEART FROM EXTERNAL VIOLENCE.

996. XXIII. B. Heart of a child ruptured from the base to the apex, in consequence of pressure from the wheel of a cart. Presented by Dr Gairdner. See Edinb. Med. Chir. Trans. v. i. p. 662. G. C. 318.

997. XXIII. B. Perforation of the heart near the apex, by the ball of a pocket-pistol. The extent of the laceration was probably owing to the action of the heart itself. B. C. xvii. 51.

SECTION II. DISEASES OF THE HEART AND PERICARDIUM.

1. Inflammation of the Pericardium.

998. XXIII. B. Pericardium inflamed, with effusion of coagulable lymph, assuming in some parts the form of tubercles. B. C. xii. 1. M. 7. W. C. B. 27.

999. XXIII. B. Pericardium inflamed, with effused lymph, assuming a tubercular form. Presented by Dr William Thomson. G. C. 915.

1000. XXIII. B. Pericardium inflamed, the effused lymph

forming a scaly crust. From a person affected with aneurism of the aorta. Presented by Professor Turner. G. C. 62. a.

1001. XXIII. B. Inflamed pericardium and heart, with effused lymph, forming a false membrane. Dr Cullen. G. C. 607.

1002. XXIII. B. Pericardium and serous membrane of the heart inflamed, the former thickened, the serous surfaces covered with flakes of lymph, the sac of the pericardium enlarged. Presented by Mr Blair. G. C. 25.

1003. XXIII. B. Adhesion between the heart and pericardium. B. C. xii. 1. M. 10.

1004. XXIII. B. Inflamed pericardium, with adhesion and osseous deposition. Presented by Professor Turner. G. C. 119.

1005. XXIII. B. Ossification of the pericardium covering the right auricle of the heart of a very fat man. B. C. xii. 1. M. 40. W. C. B. 22. a.

1006. XXIII. B. Melanotic tumour from the pericardium of a female. There existed a vast number of similar tumours. Presented by Mr Bruce. G. C. 1090.

1007. XXIII. B. Great thickening of the pericardium, with adhesions. There were no symptoms during life of this diseased state of the membrane. Presented by Dr Brown. G. C. 445.

1007. *a.* XXIII. B. Thickened pericardium. Presented by W. Brown, Esq. G. C. 1543.

2. Inflammation of the Heart.

1008. XXIII. B. Part of an inflamed heart, in which the coagulable lymph is injected. The patient had no symptoms of inflammation twenty-four hours before his death, nor any previous pain in his chest. B. C. xii. 1. M. 14. W. C. B. 13.

1009. XXIII. B. Part of an inflamed heart injected. From the same patient as the last. B. C. xii. 1. M. 15. W. C. B. 14.

1010. XXIII. B. Inflammation of the heart, with deposition of lymph on its surface, after twenty-four hours' illness. B. C. xii. 1. M. 13.

1011. XXIII. B. Acute carditis. From a patient in the Middlesex Hospital. B. C. xii. 1. M. 4.

1012. XXIII. B. Inflamed heart injected. A membranous crust has formed around it, although the disease had not existed more than four days. B. C. xii. 1. M. 3. W. C. B. 10.

1013. XXIII. B. Inflamed heart, shewing a crust of lymph. The patient, who was five months gone in pregnancy, died after three days' illness. B. C. xii. 1. M. 2.

1014. XXIII. B. Heart of an adult covered with a crust of coagulable lymph. It appears to have been a case of acute inflammation. B. C. xii. 1. M. 9. W. C. B. 9.

1015. XXIII. B. Coagulable lymph deposited on the heart. The patient was long ill at St George's Hospital. B. C. xii. 1. M. 5.

1016. XXIII. F. Inflamed heart covered with a coat of lymph. When recent, its substance had a remarkably bright colour. Presented by Mr Macdonald, Royal Infirmary. G. C. 489.

1017. XXIII. F. Portion of a heart in which there appears to have been two attacks of inflammation. One of the layers of lymph is well injected. B. C. xii. 1. M. 8.

1018. XXIII. F. Coagulable lymph thrown out on the surface of the heart, like warty excrescences. B. C. xii. 1. M. 17.

1019. XXIII. F. Auricular appendage of the heart of a young person injected, it having been thickened by inflammation. B. C. xii. 1. M. 19. W. C. B. 12.

1020. XXIII. F. Small prominences on the inner surface of the left auricle. There are marks of former inflammation of the pericardium. B. C. xii. 1. M. 18. W. C. B. 21.

1021. XXIII. F. Small excrescences from the inner part of the left ventricle, and from the valves of the aorta. Nine months before death the patient had an attack of carditis, from metastasis of rheumatism. There was adhesion between the pericardium and heart. She had palpitations, was in a state of great debility, and dropsical. B. C. xii. 1. M. 20. W. C. B. 20.

1022. XXIII. F. Heart of a child six months old, covered with coagulable lymph. About a fortnight before her death, she had symptoms of cynanche trachealis. B. C. xii. 1. M. 16. W. C. B. 15. a.

1023. XXIII. F. Abscess in the substance of the heart, and in the septum auriculorum near the base, which contained more than an ounce of pus. B. C. xii. 1. M. 36.

1024. XXIII. F. Extensive ossification of the heart. B. C. xii. 1. M. 38. W. C. B. 22.

1025. XXIII. F. Considerable ossification of the heart near the mitral valve. From an old woman. B. C. xii. 1. M. 39. W. C. B. 28.

1026, XXIII. F. Osseous deposit in the substance of the heart. Presented by Dr Huie. G. C. 1434.

1027. XXIII. F. Osseous matter found in the substance of the right ventricle of a fat man. B. C. xii. 1. M. 41. W. C. B. 22. b.

1028. XXIII. F. Section of a heart, shewing the degree of thickness to which coagulable lymph is sometimes deposited in chronic cases of inflammation of that organ. B. C. xii. 1. M. 6.

3. Hypertrophy and Dilatation of the Heart.

1029. XXIII. F. Hypertrophy and dilatation of the heart, with inflammation, and adhesion of the pericardium.

1030. XXIII. F. Inflamed and enlarged heart, from disease of the valves of the aorta. The surface is covered with lymph. The enlargement seems to be of the left ventricle; the parietes of the right ventricle are thin; the aorta much dilated. B. C. xii. 1. M. 1.

1031. XXIII. F. Hypertrophy and dilatation of the left side of the heart, with chronic inflammation, and adhesion of the pericardium. G. C. 235.

1032. XXIII. G. Left ventricle much enlarged, with thickened parietes, and great ossification and dilatation of the aorta. Presented by Dr Mollison. G. C. 442.

1033. XXIII. G. Dilatation, with thickening of the left ventricle; the aorta dilated and ossified. Presented by Dr Mollison. G. C. 443.

1034. XXV. E. A heart injected with wax, shewing the four cavities of extraordinary size. The aorta remarkably small. B. C. xii. 2. M. 16.

1035. XXV. E. A heart of extraordinary size injected with wax. Presented by Professor Thomson.

1036. XXV. E. A heart of extraordinary size injected with wax. Presented by Professor Thomson.

1037. XXV. E. A heart of ordinary size injected, to contrast with the last three preparations. The aorta slightly dilated at its commencement. Presented by Professor Thomson.

4. Tissue of the Heart Diseased.

1038. XXIII. G. Portion of a heart having some appearance of scrofulous tumours in its substance, and a deposition of lymph on the internal surface of the ventricle. B. C. xii. 1. M. 11.

1039. XXIII. G. Portion of the same heart exhibiting an appearance very much resembling scrofulous tumours in the substance of the heart. B. C. xii. 1. M. 12.

1040. XXIII. G. Melanosis from the heart. Dr Cullen. G. C. 1038.

1041. XXIII. G. Section of a heart, and of a mass of fungus hæmatodes enveloping it, which filled all the left side of the chest, and projected six inches externally, having destroyed a part of the sternum. B. C. xii. 1. M. 37.

1042. XXIII. G. Specimen of tubercles in the substance of the heart of a boy eight years of age, who, for two years previously, had suffered from scrofulous swellings in the neck, and beneath the angle of the jaw. The lungs were studded with tubercles. Presented by Patrick Newbigging, Esq. G. C. 1550.

1043. XXIII. G. Sternum in the same case as the last, affected with caries. Presented by Patrick Newbigging, Esq. G. C. 1551.

5. Rupture of the Heart.

1044. XXIII. G. Rupture of the left auricle causing instant death. The left cavities were much enlarged; the semilunar valves enlarged and indurated. Presented by John H. Wishart, Esq. G. C. 1037.

1045. XXIII. G. Heart in which the ventricle burst. There was an enormous deposition of adipose substance between

the muscular part and the serous membrane. Presented by Professor Turner. G. C. 1093.

1046. XXIII. G. Section of the same heart. Presented by Professor Turner. G. C. 1093. a.

1047. XXIII. G. Ulceration in the muscular substance of the lower part of the left ventricle, which had given way. The pericardium was filled with blood. Presented by Professor Turner. G. C. 511.

6. Polypi and Tumours within the Heart.

1048. XXIII. G. Organized tumour attached to, or in the substance of, the heart, a mass in the apex of the ventricle, and another in the auricle. The patient had her leg amputated for fungus hæmatodes about twelve months before, three months after which she began to complain of chest affections. Tumours were also found in the lungs. Presented by Dr Simson.

1049. XXIII. G. Two bodies apparently consisting of fibrine found loose in the left auricle of the heart; the one spherical, above an inch in diameter, smooth on its external surface, and found to consist of numerous laminæ, forming a spherical cavity, which contained a semi-fluid mass; the other oval, about an inch long, solid, smooth, and hollowed out on one surface, rough and more irregular on the other. The orifice of the auricle very much contracted by thickening and adhesion of its valves, and the inner surface of the auricle near to it tuberculated and indurated. Presented by William Wood, Esq. See Edinb. Med. and Surg. Journal, vol. x. p. 50. G. C. 241.

1050. XXIII. G. Polypus consisting of a hollow sac contained in the left ventricle, and which adhered near the root of the aorta, at a part seen to be slightly rough; right auricle tuberculated. Presented by Dr Gordon. G. C. 355.

1051. XXIV. A. Portion of the heart of a young man, in

which there are several of the tumours which Laennec has described under the name of Globular Excrescences of the Heart. The patient had been affected with severe asthma for several years, which terminated in phthisis pulmonalis. Presented by Alex. Watson, Esq. G. C. 1487.

1052. XXIV. A. Tubercle found in the upper part of the left auricle, the internal membrane of which was somewhat rough. It adhered firmly and uniformly. Presented by Dr Combe. G. C. 794.

1053. XXIV. A. Polypus adhering to the right auricle, and extending through the ventricle into the pulmonary artery, which was of larger size than usual. Presented by Mr Wishart. G. C. 808.

1054. XXIV. A. Section of one of those substances which have been called polypi of the heart, contained in a sac. B. C. xii. 1. M. 42.

1055. XXIV. A. Polypus found in the left auricle of a female aged 40. About two months before death, she had acute pericarditis. The valves are partly ossified, the heart every where adhered to the pericardium, and a considerable part of both was cartilaginous. Presented by Dr Keith. G. C. 1252.

7. Diseased States of the Orifices.

1056. XXIV. A. Both auriculo-ventricular orifices contracted. Presented by Professor Turner. G. C. 237.

1057. XXIV. A. Contraction of the left auriculo-ventricular orifice, with great enlargement of the auricle, and chronic inflammation with adhesions of the pericardium. The patient suffered an attack of paralysis, from the immediate effects of which he recovered, and died of congestion in the lungs. Presented by Professors Thomson and Turner. G. C. 10. a.

1058. XXIV. A. Contraction of the auriculo-ventricular

orifice of the left side, with enlargement of the auricle, and diminution of the ventricle. Presented by John H. Wishart, Esq. G. C. 116.

1059. XXIV. A. Contraction of the left auriculo-ventricular orifice, with enlargement and disease of the inner surface of the auricle, and enlargement of the right ventricle. Presented by Dr Hall. G. C. 117.

1060. XXIV. A. Contraction of the left auriculo-ventricular orifice, and dilatation of the right.

1061. XXIV. A. Mitral valves slightly cartilaginous; right auriculo-ventricular opening contracted. Presented by Benjamin Bell, Esq. G. C. 1195.

1062. XXIV. A. Stricture and thickening of the mitral valve. B. C. xii. 1. M. 43.

1063. XXIV. A. Mitral valve of an adult much thickened, with fleshy excrescences. B. C. xii. 1. M. 35. W. C. B. 17.

8. Preternatural Apertures and Malformations.

1064. XXIV. A. Two holes in the septum auriculorum; mitral valves diseased. The man fell down in the street, and expired suddenly. The aorta was found ruptured at its origin. B. C. xii. 1. M. 44.

1065. XXIV. A. Opening below the valves of the aorta, in the septum ventriculorum of the heart of a gentleman aged 18, who died suddenly after great personal exertion. The pulmonary artery small, its valves imperfect. B. C. i. M. 33. W. C. B. 18.

1066. XXIV. A. Aorta communicating nearly equally with both ventricles, in consequence of a deficiency in the septum ventriculorum, below the aortic valves, and diminishing

suddenly, after giving off the brachio-cephalic trunks. The pulmonary artery less than natural in the whole of its course, and suddenly diminishing to a very small size, where it arises from the muscular parietes of the right ventricle, or at the semilunar valves, which consist of two segments. The ductus arteriosus closed. No opening of communication in the septum ventriculorum. B. C. xii. 1. M. 30.

1067. XXIV. B. Small opening of communication between the ventricles at the origin of the aorta; the opening divided by a cross band, and one of its divisions leading behind two columnæ carneæ of the right ventricle. The aorta rises from the left ventricle, the pulmonary artery, which is apparently natural, from the right. B. C. xii. 1. M. 32. W. C. B. 18.

1068. XXIV. B. Heart of a girl who laboured under the blue disease, and died of scarlatina. There is only one ventricle. The aorta, of natural size, rises from the upper and middle part of the cavity. The pulmonary artery, contracted at its origin from the anterior part of the common ventricle, expands after passing out of the muscular substance, but is somewhat less than the aorta. The auricles communicate by a foramen ovale in which there is no valve. Presented by Dr Robert Brown, Kirkcaldy. G. C. 1493.

1069. XXIV. B. Large communication between the ventricles, immediately below the mouth of the aorta, which communicates equally with both ventricles. The pulmonary arteries, which may be seen adhering to the concave side of the arch of the aorta, are very small. At the anterior and upper part of the right ventricle, is a pit corresponding to the usual opening of the pulmonary vessel, but there is no passage from this to the pulmonary arteries. The ductus arteriosus is cut away. No opening in the septum auriculorum. Presented by R. Annan, Esq. G. C. 1092.

1070. XXIV. B. Pulmonary artery obliterated at the place of its origin from the right ventricle, by cohesion of its valves. Beyond this a portion of the artery is seen considerably smaller

and thinner than natural. A small opening at the foramen ovale. The patient was 22 years of age. Presented by Professors Thomson and Turner. G. C. 65. a. and 332.

1071. XXIV. B. Bronchial arteries of the same subject much enlarged; an aneurism formed on one of them in the substance of the lungs, which was probably the immediate cause of death. Presented by Professors Thomson and Turner. G. C. 330. and 333.

1072. XXIV. B. Foramen ovale remaining open in a child three years old. Both ventricles propelled the blood into the aorta. A crow-quill was with difficulty passed into the pulmonary artery. The ductus arteriosus was not quite shut. The complexion was livid. B. C. xii. 1. M. 28. W. B. 23.

1073. XXIV. B. Malformation of the heart of a child, which expired soon after birth. There is an aperture between the ventricles at the root of the aorta. Pulmonary artery closed at its origin, so as only to admit a bristle; but the right and left pulmonary arteries are natural. Ductus arteriosus open. B. C. xii. 1. M. 45.

1074. XXIV. B. Heart of a child five weeks old. The aorta rises from the right ventricle, the pulmonary artery from the left. Foramen ovale and ductus arteriosus open. Four pulmonary veins go to the left auricle. B. C. xii. 1. M. 29. W. B. 24.

9. Valves of the Aorta Diseased.

1075. XXIV. B. Ossification of the valves of the aorta, from a person aged 93. The parietes at the apex of the heart are very thin, and there is an extensive deposition of lymph within this part. Presented by Alexander Watson, Esq. G. C. 510.

1076. XXIV. B. Heart greatly enlarged, with thickening

and partial ossification of the valves of the aorta, from a man 68 years of age, who for 20 years had intermittent pulse, with palpitation, and threatening of syncope, and died of hydrothorax. Presented by Dr Simson. G. C. 1554.

1077. XXIV. B. Ossification and thickening of the valves of the aorta, which were inflexible, and their edges lying nearly in contact with each other; with hypertrophy of the heart.

1078. XXIV. B. Ossification and thickening of the valves of the aorta. From the heart marked 1030. B. C. xii. 1. M. 21.

1079. XXIV. B. Ossification and general thickening of the tricuspid, mitral, and semilunar valves. The patient, a woman, died dropsical. The pulse could not at any time be distinctly counted. Presented by John H. Wishart, Esq. G. C. 1073.

1080. XXIV. B. Valves of the aorta ossified and corrugated. The heart was much enlarged. From a male patient in St George's Hospital, about 18 years of age. B. C. xii. 1. M. 22.

1081. XXIV. B. Valves of the aorta coalesced so as to form a triangular stricture. The patient, a lady, had general enlargement of the heart, disease of the liver, and calculi in the gall bladder. B. C. xii. 1. M. 26.

1082. XXIV. F. Valves of the aorta, and the coronary artery at its origin ossified, the former presenting caruncular excrescences. B. C. xii. 1. M. 27.

1083. XXIV. F. Caruncles attached to the valves of the aorta. B. C. xii. 1. M. 23.

1084. XXIV. F. Semilunar valves and origin of the aorta much ossified. B. C. xii. 1. M. 24.

1085. XXIV. F. Valves of the aorta ossified. From an aged person. B. C. xii. 1. M. 25.

1086. XXIV. F. Cauliflower excrescences with perforation of the valves of the aorta. Presented by Dr Carswell. G. C. 716.

1087. XXIV. F. Valves of the aorta affected with caruncular excrescences. Presented by Dr Robert Hamilton. G. C. 690.

1088. XXIV. F. Valves of the aorta much thickened, with ossifications, the form of one completely altered. Presented by Dr Gordon. G. C. 27.

1089. XXIV. F. Valves of the aorta diseased. Presented by John H. Wishart, Esq. G. C. 925.

1090. XXIV. F. Valves of the aorta diseased. G. C. 79. a.

DIVISION II.

DISEASES OF THE ARTERIES.

1. Aneurism.

1091. XXIV. F. Aneurismal dilatation, with rupture of the pulmonary artery, at about an inch from the heart, in a child six years old. See Edin. Med. Chir. Trans. v. i. Presented by Dr James Brown, Dominica. G. C. No. 502.

1092. XXIV. F. Aneurismal tumour below the opening of the anterior coronary artery, which burst into the pericardium behind this. The pulmonary artery, though cut down, apparently natural. From a gentleman fifty-six years of age. B. C. xii. 1. M. 31. W. C. B. 19.

1093. XXIV. A. Aneurism of the descending portion of the thoracic aorta, the sac of which occupied the left side of the thorax behind the pleura costalis, and projected to the back so as to form a large tumour. The vertebræ, ribs, and intercostal muscles are partially absorbed. The aneurism burst into the thorax through the orifice indicated by a quill. Presented by Alex. Gillespie, Esq. and Professor Turner. G. C. 356.

1094. XXIV. A. Great dilatation of the whole of the ascending portion of the aorta, with two small aneurismal sacs. There is also hypertrophy of the right ventricle.

1095. XXIV. B. Aneurismal dilatation of the ascending portion of the aorta, which has burst into the pulmonary artery, the heart had adhered to the pericardium.

1096. XXIV. B. Enormous aneurism of the arch of the aorta, which projected at the upper and anterior part of the thorax and root of the neck. Presented by Mr Johnston, Kirkcaldy.

1097. XXIV. B. Aneurismal dilatation of the commencement of the aorta.

1098. XXIV. F. Aneurism of the arch of the aorta, which was accompanied with cough, difficulty of respiration, and affection of voice. The pulse in the left arm was scarcely perceptible for a month before death. The patient died from exhaustion and fever. Presented by Dr Simson. G. C. 1555.

1099. XXIV. F. Portion of a mass of fibrine which filled the above aneurism. Presented by Dr Simson. G. C. 1556.

1100. XXIV. F. Aneurism of the aorta near its origin, with perforation of the tunics. The blood must have poured into the pericardium, and caused instant death. Presented by Charles Sidey, Esq. G. C. 807.

1101. XXIV. F. Aneurismal dilatation of the ascending portion of the arch of the aorta.

1102. XXIV. F. Aneurismal dilatation of the ascending aorta, which burst into the cavity of the pericardium. From a woman aged 50. Presented by Patrick Campbell, Esq. G. C. 1436.

1103. XXIV. F. Aneurism of the aorta, which burst into the cavity of the pericardium. Presented by Dr Pitcairn. G. C. 484.

1104. XXIV. F. Aneurismal dilatation of the aorta, with rupture of the vessel within the cavity of the pericardium. Presented by Dr Knox. G. C. 1127.

1105. XXIV. F. Aneurism at the upper part of the as-

cending portion of the aorta nearly filled with coagulum. It burst into the cavity of the pericardium. B. C. xii. 2. M. 1. W. C. c. 35.

1106. XXIV. F. Aneurism of the aorta of a patient who died suddenly in St George's Hospital. Several small aneurismal sacs are seen projecting from the large sac. B. C. xii. 2. M. 2. W. C. c. 33.

1107. XXV. E. Aneurismal dilatation of the arch of the aorta, with an aneurism arising from it, and projecting through the parietes of the thorax, above the second rib of the left side.

1108. XXIV. F. Arch of the aorta aneurismal, and affected with ossification. B. C. xii. 2. M. 58. W. C. c. 34.

1109. XXV. E. Arch of the aorta dilated. B. C. xii. 2. M. 17.

1110. XXV. E. Slight dilatation of the arch of the aorta, at its origin, and in the descending portion of the arch.

1111. XXV. E. Aneurism of the arch of the aorta, projecting externally between the second and third ribs of the right side. The patient died of pericarditis. See No. 1000. Presented by Professor Turner.

1112. XXV. E. Aneurism of the arch of the aorta, involving the roots of the great vessels. Presented by Professor Thomson.

1113. XXV. E. Aneurism of the base of the aorta, which projected externally through the parietes of the thorax on the right side. Presented by Professor Turner.

1114. XXV. E. Dilatation of the ascending portion of the arch of the aorta, with aneurism of the descending arch.

1115. XXV. E. Aneurism of the ascending portion of the arch of the aorta. Presented by Dr Hunter. G. C. 919.

1116. XXV. E. Aneurism of the arch of the aorta, involving the roots of the vessels. Presented by Dr Maclagan. G. C. 653.

1117. XXIV. F. Aneurism of the thoracic aorta. G. C. 963.

1118. XXV. E. Aneurism of the thoracic aorta. The sac burst into the lungs. Presented by Dr Robert Hamilton. G. C. 916.

1119. XXV. E. Aneurism in the arch of the aorta. The sac made its way through the ribs on the left side, and projected behind. It burst internally. Presented by Mr P. Kennedy. G. C. 1552.

1120. XXV. E. Aneurism at the commencement of the aorta. Presented by Dr Gordon. G. C. 1223.

1121. XXIV. F. Aneurismal dilatation of the aorta laid open, shewing the appearance of its internal coat. B. C. xii. 2. M. 3. W. C. 32.

1122. XXIV. F. Portion of the aorta which had become aneurismal. The coats are dissected, to shew how many may be made in a diseased artery. B. C. xii. 2. M. 4.

1123. XXIV. G. Sac of a large aneurism, which has destroyed the inner surface of the sternum. From Mr Brodie. B. C. xii. 2. M. 5.

1124. XXIV. G. Sternum and ribs through which a large aneurism of the aorta has made its way. During life, two large pulsating tumours projected, like the breasts of a woman. B. C. xii. 2. M. 6.

1125. XXIV. G. Aneurismal tumour of the aorta, from the same case as the preceding. The aorta is almost completely covered internally with osseous scales. B. C. xii. 2. M. 6. a.

1126. Portfolio, No. 1. Drawing of the parts contained in the two preceding preparations, made while they were in a fresh state. The sternum and ensiform cartilage have been raised, in order to afford a better view of the heart and tumour. B. C. xii. 2. M. 6. B.

1127. XXIV. G. Aneurism of the arch of the aorta, which pressing on the trachea, gave rise to symptoms of chronic cynanche trachealis. An ulcer was formed, but no blood escaped into the trachea. B. C. xii. 2. M. 7.

1128. XXIV. G. Aneurism of the ascending arch of the aorta, projecting into the right side of the thorax, with compression of the vena cava, the coats of which are perforated. Presented by Dr Caird. G. C. 441.

1129. XXIV. G. Very large aneurismal dilatation of the aorta which burst into the lungs. A probe is introduced into the rupture at the back part. B. C. xii. 2. M. 8.

1130. XXIV. G. Aneurism from the body of one of Bonaparte's Imperial Guard. It burst into the trachea while he was shouting " Vive l'Empereur," on the occasion of the usurper's return from Elba. From Dr Harrison. B. C. xii. 2. M. 9.

1131. XXIV. G. Aneurism of the arch of the aorta, which burst into the bifurcation of the trachea. B. C. xii. 2. M. 10.

1132. XXIV. G. Aneurism of the arch of the aorta, behind the roots of the great vessels, which burst into the trachea.

1133. XXIV. G. Aneurismal dilatation of the aorta, which burst within the pericardium. Presented by Dr Abercrombie. G. C. 873.

1134. XXIV. G. Aneurism of the thoracic aorta, with several small aneurismal dilations on the arch. B. C. xii. 2. M. 11.

1135. XXIV. G. Aneurism of the aorta, put up with its clot, to shew the concentric layers of which the latter consists. The patient did not die of the bursting of the aneurism, but exhausted by weakness of circulation, and the oppression on the viscera of the thorax; the tumour beat through the cartilages of the ribs and the sternum. B. C. xii. 2. M. 13.

1136. XXIV. G. Part of the cartilages and sternum in the above case. B. C. xii. 2. M. 15.

1137. XXIV. G. Aneurism of the arch of the aorta. The clot by which life was long preserved is in the bottom of the glass. B. C. xii. 2. M. 14.

1138. XXIV. G. Coagulum from aneurism of the aorta, which projected through the upper part of the sternum. It became detached, and death from hæmorrhage immediately followed. Presented by Professor Turner. G. C. 120.

1139. XXIV. G. Ascending aorta slit open. Aneurismal dilatation forming, with deposits of bony matter in the coats of the vessel. B. C. xii. 2. M. 27. W. C. c. 30.

1140. XXV. A. Aneurism of the aorta in a gentleman aged 43. The whole thoracic aorta dilated. It burst into the left bronchus, and produced instant death. Presented by Dr Gairdner. G. C. 1117.

1141. Table No. 6. Aneurism projecting from the arch of the aorta in an old woman. It contained a large coagulum. Specks of osseous deposition are scattered over the artery and tumour. B. C. 2. M. 59.

1142. Table No. 6. Aneurism of the descending thoracic aorta which formed a tumour on the back. The patient lay long in the Middlesex Hospital, being kept low, and occasionally bled. He died exhausted. B. C. xii. 2. M. 57.

1143. Table VI. Aneurism of the aorta, at the place of the

cœliac arteries, from a woman about 45 years of age, who also laboured under disease of the uterus. There are specks of osseous deposition near the situation of the rupture of the artery. B. C. xii. 2. M. 56.

1144. XXV. A. Aneurism between the outer and middle coat, with enlargement of the arch of the aorta, and a tuberculated state of the inner coats. The blood had made its way between the coats, through a small aperture behind the semilunar valve, and the patient died in consequence of the outer coat giving way, and the blood escaping by a small orifice into the pericardium. Presented by Dr J. H. Davidson and Professor Turner. G. C. 33.

1145. XXV. A. Another specimen of the same disease. The blood had been extravasated into the aneurism through a small lacerated aperture of the inner coats, near the right subclavian artery. The external coat was separated from the two inner nearly round the whole circumference of the root of the aorta. The aneurism had not burst, and the patient died apparently of obstructed circulation. Presented by Dr Alison and Professor Turner. G. C. 331.

1146. XXV. A. Aneurism of the aorta near the cœliac artery. An aneurismal sac, about the size of a walnut, seems at first to have formed. This had given way by a small aperture, when blood was discharged into the surrounding cellular membrane, which had become surrounded by a sac, so as to form a second aneurism external to the first. This also gave way into the surrounding cellular substance, and suddenly proved fatal. No aneurism was suspected to exist during the life of the patient, who was treated for hepatitis. Presented by Professor Turner. G. C. 238.

1147. XXV. A. Section of the thoracic aorta, and incipient aneurism, in the same case, shewing the two inner coats absorbed, and the outer dilated into a small pouch, with a thin layer of fibrine on its inner surface, the inner coats of the vessel tuberculated. Presented by Professor Turner. G. C. 240.

1148. XXV. A. The other section of the parts in the same case, with the coats separated, by which their diseased thickness is seen, and their deficiency where the small aneurism has formed. Presented by Professor Turner. G. C. 239.

1149. XXV. A. Portion of a very large aneurism of the abdominal aorta, where the emulgent arteries are given off. B. C. xii. 2. M. 12.

1150. XXV. A. Abdominal aorta ruptured in a case of aneurism. The internal coat appears to have been entirely destroyed. B. C. xii. 2. M. 19.

1151. XXV. A. Aneurism of the abdominal aorta. Presented by James Stephen, Esq. and Professor Thomson. G. C. 789.

1152. XXV. A. Aneurism of the hepatic artery, occurring in a man aged 48, who had no previous complaint. He died suddenly in bed, from the rupture of the sac. Presented by Dr Pitcairn. G. C. 487.

1153. XXV. A. Arteries of the arm of a patient operated on for aneurism, produced by puncture in venæsection. He died of irritation, the nerve having been included. B. C. xii. 2. M. 53.

1154. XXVI. D. Aneurism of the femoral artery, with a ligature round the external iliac. The patient, a woman aged 40, died four days after the operation, without any obvious cause. Presented by Mr Allan. G. C. 964.

1155. XXVI. D. Cast of the femoral aneurism, shewing the incision for tying the external iliac artery. Same case as the last. G. C. 1027.

1156. XXV. A. Femoral aneurism, for which the external iliac artery was tied. It presents a fine specimen of the double sac. E, the internal iliac artery; S, the vein; R, the

nervus longus, going through the tumour. The patient died. B. C. xii. 2. M. 54.

1157. XXV. A. Popliteal aneurism. The patient was operated on, but died of abscesses in the course of the vessels and inflammation of the vein. The artery had been divided by the ligature, and its extremities above and below obstructed by a clot of fibrine, but the orifices did not seem to have adhered. The cavity of the aneurism not yet filled by coagulum, and the artery opening into it still pervious, though considerably contracted. Presented by Mr Wishart and Mr M'Donald. G. C. 513.

1158. XXV. A. Popliteal aneurism. The patient was operated on, and the artery tied in the usual place. On the fourth day he was seized with erysipelas, and on the fifteenth died. The sac seems filled by solid coagulum, with a clot extending for about an inch into the orifices of the arteries communicating with it. Presented by Dr Knox and Mr Ferguson. G. C. 1221.

1159. XXV. A. Case of very large popliteal aneurism, for which the limb was amputated. It is cut open so as to shew the thickness of the coagulum contained in it, and the entrance and exit of the artery by which it was formed. The posterior surface of the bones of the knee-joint was absorbed. The popliteal nerve passing over the tumour is expanded and thinned, the cavities of the popliteal and saphena veins obliterated. Published in Mr Wishart's Translation of Scarpa. Presented by Dr Gillespie and Professor Turner. G. C. 89. a.

1160. XXV. E. Cast of the popliteal aneurism above described.

1161. XXV. A. Small popliteal aneurism of a flask form communicating with the artery by a narrow orifice, and having specks of ossification on the sac. From the late Dr Reeve of Norwich. Presented by Professor Thomson. G. C. 122.

1162. XXV. A. Popliteal aneurism. The operation was performed, but proved unsuccessful, and amputation was had recourse to. The vessels injected from the anterior tibial artery, shewing that the operation for aneurism does not interrupt the course of the blood through the main artery, but only diminishes its impetus, so as to permit the coagulum to form in the sac. The anastomosing branches around the knee are well seen. See Bell's Operat. Surg. v. 2. p. 422. B. C. xii. 2. M. 52.

1163. XXV. A. A popliteal aneurism forming. B. C. xii. 2. M. 51.

2. Ossification.

1164. XXV. B. Aorta dilated, with osseous depositions, taken from a woman aged seventy. She died dropsical. Presented by Alexander Watson, Esq. G. C. 475. a.

1165. XXV. B. Abdominal aorta dilated and ossified, from the same person as No. 442. Near the origin of the iliac it is suddenly contracted for about two inches, and filled with firm coagulum. Presented by Dr Mollison. G. C. 442.

1166. XXV. E. Osseous depositions in the aorta, with thickening of the valves. Presented by Dr Knox. G. C. 772.

1167. XXV. E. Portion of the aorta ossified, from an old man found dead in bed. There had existed no previous symptoms of disease. Presented by Professor Thomson. G. C. 629.

1168. XXV. E. Portion of the aorta ossified, from the same case. Presented by Professor Thomson. G. C. 629. a.

1169. XXV. B. Portion of the aorta very much diseased, with earthy deposits. B. C. xii. 2. M. 22.

1170. XXV. E. Ossifications on the aorta, its valves entirely covered with them. Presented by Professor Thomson. G. C. 803.

1171. XXV. E. Aorta at the bifurcation ossified.

1172. XXV. B. Ossification and dilatation of the aorta, with enlargement of the right ventricle. Presented by Mr Wishart. G. C. 818.

1173. XXV. B. Four dried preparations of diseased aorta, in all of which depositions are formed between the internal and muscular coats. The vessels are inverted. Presented by Dr Gordon and Professor Turner. G. C. 26.

1174. XXV. B. Ossification of the arch of the aorta and coronary arteries. B. C. xii. 2. M. 17. a. W. C. c. 39.

1175. XXV. B. Ossification of the aorta immediately above the valves. B. C. xii. 2. M. 29. W. C. c. 30.

1176. XXV. B. Osseous depositions in the aorta, near the semilunar valves. Presented by James Wardrop, Esq. G. C. 29.

1177. XXV. B. Osseous depositions in the aorta. Presented by Dr Knox. Knox C. 242.

1178. XXV. B. Osseous depositions in the aorta. Presented by Dr Pagan. G. C. 1034.

1179. XXV. B. Ossification of the coats of the descending aorta. B. C. xii. 2. M. 18.

1180. XXV. E. Ossification and dilatation of the descending aorta, from a case in which rupture of that vessel took place into the lungs. Presented by Professor Thomson. G. C. 1224.

1181. XXV. B. Extensive ulceration and ossification in the arch of the aorta. B. C. xii. 2. M. 20.

1182. XXV. B. Aorta diseased, with numerous spots of ossification. B. C. xii. 2. M. 26.

1183. XXV. E. Portion of the abdominal aorta ossified, from an old woman, who, during the latter years of her life, was much affected with dyspnœa and palpitation, and died of general dropsy. Presented by Dr Gairdner. G. C. 768.

1184. XXV. B. Extraordinary deposit of earthy matter in the abdominal aorta. The cœliac artery appears to be an entire tube of bone. B. C. xii. 2. M. 32.

1185. XXV. B. The two carotid arteries from the same body, very much ossified. The patient died from an abscess in the brain. B. C. xii. 2. M. 23.

1186. XXV. B. Femoral artery much enlarged; its coats thickened and ossified; the inner coat having much the appearance of ulceration. B. C. xii. 2. M. 21. W. C. c. 27.

1187. XXV. B. Femoral artery ossified. B. C. xii. 2. M. 30.

1188. XXV. B. Femoral artery and vein, the former ossified. G. C. 949.

1189. XXV. B. Ossification of the common, external, and internal iliac arteries. B. C. xii. 2. M. 31. W. C. c. 28.

1190. XXV. B. External iliac artery ossified. B. C. xii. 2. M. 28.

1191. XXV. E. Bifurcation of the iliac, and the external inguinal of the left side, ossified. Presented by David Hay, Esq. G. C. 814.

1192. XXV. B. Femoral artery ossified. Absorbents injected. G. C. 951.

1193. XXV. B. Several specimens of ossified arteries from different bodies. B. C. xii. 2. M. 33.

1194. XXV. E. Two specimens of ossified arteries.

3. Spontaneous Obstruction, Rupture, &c.

1195. XXV. B. Ulceration of glands between the gullet and aorta, with perforation of both. Sudden death took place, from effusion of blood. Presented by Charles Cheyne, Esq. G. C. 1198.

1196. XXV. B. Obstruction of one of the renal arteries, from a patient whose left kidney was much diseased. It was completely clogged with bony matter. B. C. xii. 2. M. 24. W. C. c. 41.

1197. XXV. B. Spontaneous rupture of the inner membrane of the external iliac artery, in a man sixty-three years of age. Gangrene immediately followed, and proved fatal in two days. Presented by Dr Abercrombie. See Professor Turner's Essay in Edinb. Medico-Chirurg. Trans. vol. iii. G. C. 879.

1198. XXV. B. Sudden spontaneous obstruction of the femoral, popliteal, and anterior tibial arteries in the case of spontaneous obstruction, described in the appendix to Mr Hodgson's work, and in Professor Turner's Essay on obstruction of arteries, in Edin. Med. Chir. Trans. vol. iii. Presented by Professors Thomson and Turner. G. C. 233.

1199. XXV. B. Sudden spontaneous obstruction of the humeral and radial artery, which occurred 22 days before death, in the same case. G. C. 234.

1200. XXV. B. Sudden spontaneous obstruction of the humeral artery, about an inch above its division. The patient died of abscess of the spleen. See Dr Abercromby's paper on Diseased Spleen, in Med. and Surg. Journal, and Professor Thomson's Essay in Edinb. Med. Chir. Trans. vol. iii. Presented by William Wood, Esq. G. C. 97. a.

1201. XXV. B. Obliteration of the axillary artery, for about three inches, from a woman about fifty-five years of age,

who suffered a sudden spontaneous obstruction of the vessel at this part about three months before, and died of hydrothorax. The obstructed portion adhered firmly to the surrounding parts. Presented by Dr James Russell. G. C. 1220.

1202. XXV. F. Femoral arteries of a man who died of gangrene of the feet. The coats thickened and diseased, so as to obstruct the canal. Presented by Professor Turner. G. C. 351.

1203. XXV. F. Longitudinal section of the arteries of the other thigh, in the same case. Presented by Professor Turner. G. C. 352.

1204. XXV. F. Transverse section of the femoral artery, and the anastomotic branch, at a lower part of the thigh, in the same case, shewing a diminution of the canal, from the thickening of its coats. Presented by Professor Turner. G. C. 353.

1205. XXV. E. Mortified foot from the same patient as the last three preparations, with ossification of the arteries of the leg. Presented by Professor Turner. G. C. 354.

1206. XXV. E. Foot and leg affected with mortification, which separated at the upper part of the calf, the tibia alone having been sawn through. The patient recovered. Presented by Professor Turner.

1207. XXV. E. Foot separated in chronic mortification. See also under Diseases of Skin. Presented by Dr Thomson.

1208. XXV. F. Femoral artery and vein from a mortified leg. In the artery, which is slit open, a mark is seen indicating the line of separation between the dead and living part; the canal of the artery is pervious, but injection could not be made to pass beyond the living portion, in consequence of its being compressed by a quantity of lymph thrown out around it into the cellular substance of the sheath. The vein is seen ulcerat-

ed through in the line of separation. Above, its inner surface is inflamed, with some lymph adhering to it. Presented by Professors Thomson and Turner. G. C. 123.

1209. XXV. F. Portion of the aorta from a patient who expired during the operation for popliteal aneurism, by a sudden bursting of that vessel. B. C. xii. 2. M. 25.

4. Consequences of Wounds and Ligature.

1210. XXV. F. Aneurism of the temporal artery, following the operation of arteriotomy. The tumour made its appearance shortly after the artery had been punctured, and continued to pulsate and increase for three weeks, when it was removed along with a portion of the artery. The blood seems to have been effused into the cellular substance beneath the integuments. Presented by Sir George Ballingall. See Clin. Lect. No. 5. p. 25. case of Bernard Mackenzie. G. C. 1256.

1211. XXV. F. Humeral artery torn across in a case of compound fracture. There was no bleeding. Amputation was performed, but erysipelas and fever supervening, the patient died. Both extremities of the artery are contracted and filled by a firm coagulum. Presented by Sir George Ballingall. G. C. 709.

1212. XXV. F. Arteries of the arm, in a case in which the humeral artery was wounded high in the arm. B. C. xii. 2. M. 55.

1213. XXIV. F. Popliteal artery and vein torn across in a compound dislocation of the knee-joint. There was no bleeding. The extremities of the artery are separated more than two inches from each other. The canal is contracted for nearly two inches above, and filling with fibrine firmly adherent to its inner surface. The extremities of the vein are less retracted than those of the artery; their orifices are covered with lymph, and a clot of fibrine projects for some distance into the canal. The nerve is entire, and in its substance an arterial branch is

seen of large size, and very tortuous in its course. The patient died of gangrenous inflammation. See Appendix to Professor Turner's paper on Obstructed Arteries, Edinb. Med. Chir. Trans. vol. iii.

1214. XXV. F. Radial artery of a soldier obstructed from a gunshot wound received at the battle of Corunna. B. C. xii. 2. M. 45.

1215. XXV. F. Posterior tibial artery of a person who died ten days after the artery had been divided. No ligature was applied. Coagulum is seen plugging it up. B. C. xii. 2. M. 43. W. C. c. 17.

1216. XXV. F. Wound of the aorta produced by falling on an iron spike. The person ran about twenty yards. The pericardium was found crammed with blood. B. C. xii. 2. M. 37.

1217. XXV. F. Inguinal artery and vein wounded. The external iliac tied with two ligatures. The patient died on the third return of hæmorrhage from the wound. B. C. xii. 2. M. 35.

1218. XXV. F. Case in which the external iliac artery was tied for secondary hæmorrhage from a wound made some time previously. The bleeding was permanently stopped, and the man lived six months, when he died in consequence of the progress of a cancerous sore, which originated from the wound. The artery is obliterated from the point at which it had been tied to the origin of the internal iliac. The epigastric and circumflex iliac obliterated for about an inch from their origin. A portion of the femoral artery in the site of the ulcer, about three inches in extent, including the origin of the profunda, completely destroyed, and the ulcerated extremities closed by coagula. Presented by Sir George Ballingall. See case of James Thomson, Clin. Lect. No. 3. p. 22. G. C. 1139.

1219. XXV. F. Crural artery of a patient in the Lock Hospital, opened by mortification in the groin. The hæmorrhage from the wound stopped, but after three hours recommenced, and the patient expired. B. C. xii. 2. M. 36.

1220. XXV. F. Popliteal artery wounded by a projection of bone, in a man who had suffered diastasis of the lower epiphysis of the thigh. The artery is tied on the fore part, but the bleeding continuing from the sac of the aneurism, the limb was amputated. Bell's Oper. Surg. vol. ii. p. 420. See preparation of the bone, No. 138. B. C. xii. 2. M. 34.

1221. XXV. F. Section, shewing the effects of a ligature about seven days after being applied to an artery. G. C. 107. a.

1222. XXV. F. Coagulum formed in the humeral artery, after ligature. The canal near its extremity is contracted, and the coagulum, which forms a firm plug, adheres to the internal surface of the artery, and has a vascular connexion with it. Presented by Professor Thomson and Mr Grey. G. C. 31.

1223. XXV. F. Portion of the femoral artery on which a ligature was applied for popliteal aneurism. The inner coats have been divided by the ligature, but no adhesion had taken place, and the patient died of secondary hemorrhage through a small aperture in the line of the ligature into which the whalebone is introduced. The section of the artery below was accidentally made after the death of the patient. The artery was larger than natural, and its coats somewhat thickened. G. C. 736.

1224. XXV. F. Superficial and profound femoral arteries after the operation for aneurism. Presented by Professor Russell. G. C. 1066.

1225. XXV. F. Arteries of the thigh and upper part of the leg in a person who had the superficial femoral artery tied about two inches below the profunda for an aneurism of the ham. The artery is obliterated from the site of the ligature to the origin of the profunda. It is also obliterated in the site of the aneurismal sac, but remains pervious between the ligature and the site of the aneurism. The canal of the vein is much contracted, and filled with fibrinous coagulum until it reaches the

origin of the profunda femoris. The patient died a considerable time after the operation, from chronic mortification of the foot. Presented by Professor Thomson.

1226. XXV. F. Femoral artery, shewing the effect of ligature, in a case of popliteal aneurism. The coagulum extends for about three inches. G. C. 952.

1227. XXV. F. Portion of the femoral artery taken from the face of a stump four days after amputation. The clot is distinctly seen. Presented by Dr Hunter. G. C. 720.

1228. XXV. F. Extremity of the femoral artery of a stump ten days after amputation. At the upper part the three coats are shewn. Presented by Alexander Watson, Esq. G. C. 508.

1229. XXV. F. Femoral artery after amputation. Presented by Professor Russell. G. C. 1063.

1230. XXV. F. Femoral artery of a middle-aged man, whose leg was amputated during childhood. Presented by John H. Wishart, Esq. G. C. 1217.

1231. XXV. F. Femoral artery several days after amputation. The inner coat at the lower extremity ulcerated. Presented by Dr Brown. G. C. 30.

1232. XXV. F. Clot in the femoral artery about three weeks after amputation. B. C. xii. 2. M. 38.

1233. XXV. F. This preparation shews the hole from which the ligature was drawn; and that in a healthy stump, the end of the artery above the ligature remains. B. C. xii. 2. M. 46.

1234. XXV. F. Artery from a stump. The coats and the clot have been divided, to shew that they cohere. The ligature has not yet separated. B. C. xii. 2. M. 48.

1235. XXV. F. The artery, vein, and nerve of a stump, after amputation of the thigh. There was sloughing of the stump. B. C. xii. 2. M. 49.

1236. XXV. F. Arteries from the stump of a thigh. The saphenus longus nerve tied in with the artery. B. C. xii. 2. M. 39.

1237. XXV. F. Femoral artery after amputation. The clot remarkably small, owing to a large branch going off near the ligature. B. C. xii. 2. M. 47.

1238. XXV. F. Preparation shewing the effect of allowing a ligature to remain in a stump without twisting it. The separate threads are embraced by the granulations, which are not easily overcome by simply pulling. B. C. xii. 2. M. 40.

1239. XXV. F. Artery and nerve of the stump of a thigh, which had been amputated for some years. B. C. xii. 2. M. 49.

1240. XXV. F. Clot in the femoral artery of a man Phineas (See Bell's Surg. Observ. p. 376. pl. ix.), who had a tumour of the bone, and died from ulceration of the profunda femoris, some days after amputation. For preparation of the bone, see No. 130, 131, 671, 672. B. C. xii. 2. M. 42.

1241. XXV. F. Artery of a carious stump injected. Presented by Professor Russell. G. C. 1064.

1242. XXV. F. Diseased artery. Presented by Professor Russell. G. C. 1065.

1243. XVIII. B. Cast of varicose aneurism of the superficial femoral artery immediately before passing through the triceps, caused by puncture with a small chissel several years before. The veins of the thigh and groin were much enlarged, and pulsated strongly.

DIVISION III.

DISEASES OF THE VEINS.

1244. XXV. G. Vena cava inferior and iliac veins filled with blood and lymph. An abscess was found in the cava between the renal veins and the hepatic, containing two ounces of pus. Case published by Mr Wilson in Med. and Surg. Trans. B. C. xii. 3. M. 1. Wils. D. S.

1245. XXV. G. Portion of vena cava abdominalis obstructed by a deposition of coagulable lymph. From a woman who died of psoas abscess. Presented by Mr Allan. G. C. 1222.

1246. XXV. G. Obliteration of the external iliac vein with scrofulous lymphatic glands surrounding it, and causing the obliteration. Presented by Dr Campbell and Dr Knox. G. C. 687. a.

1247. XXV. G. Inflamed veins of the arm, in consequence of phlebotomy. The inflammation has extended both upwards and downwards. G. C. 342.

1248. XXV. G. Inflamed veins of the arm, in consequence of phlebotomy. They are furred with coagulable lymph, and at various points their canal is filled by clots of blood. Presented by Dr Hunter. G. C. 1079.

1249. XXV. G. Coagulum filling the vein a few days after the application of a ligature. Same case as No. 1222. Presented by Professor Thomson and Mr Grey. G. C. 33.

1250. XXV. G. Veins of the arm into which fluid had been injected in a case of cholera. Presented by Dr Russell. G. C. 1435.

1250. *a.* Table No. VI. Model of varicose veins, with ulceration of the leg. G. C. 1568.

ANEURISM BY ANASTOMOSIS.

1251. XXV. G. Tumour from the scalp of a child, being a specimen of aneurism by anastomosis. B. C. x. 1. M. 5.

1252. XXV. G. Specimen of nævus maternus, or aneurism by anastomosis, which extended from the forehead to the nose. B. C. x. 1. M. 9. W. C. Q. 51.

1253. XXV. E. Plaster cast of aneurism by anastomosis on the cheek. Isobel Beath. Presented by Professor Russell.

1254. XXV. E. Wax model. Aneurism by anastomosis on the left temple. Presented by Professor Thomson.

1255. XXV. E. Wax model. Aneurism by anastomosis on the cheek and eyelids. Presented by Professor Thomson.

DIVISION IV.

DISEASED STATES OF THE BLOOD.

1256. XXV. G. Blood shewing the buffy coat. Presented by Professor Turner. G. C. 1124.

1257. XXV. G. Serum of blood taken from the arm of a brewer's servant, labouring under fever, with derangement of the biliary functions. Presented by Professor Thomson. G. C. 811.

1258. XXV. G. Coagulated blood from the sac of an aneurism, arranged in distinct layers. B. C. xii. 4. M. 1. W. C. A1.

1259. XXV. G. Coagulum from the sac of a popliteal aneurism. In the middle it appears to be nearly solid. B. C. 4. M. 2. W. C. A. 2.

1260. XXV. G. Coagulum from an aneurism. G. C. 121.

1261. XXV. G. Coagulum from a case of brachial aneurism, produced by a wound in venæsection, which was opened, and the artery secured about fourteen days afterwards. G. C. 966.

1262. XXV. G. Clots of blood from an aneurism. Same case as Mr Allan's, No. 1154. G. C. 965.

DIVISION V.

DISEASES OF THE LYMPHATICS.

1263. XXV. G. Enlarged lymphatic gland. Presented by Dr Simson. G. C. 1188.

1264. XXV. G. Fungus hæmatodes of the lumbar lymphatic glands. There was also a tumour in the groin, and tubercles of a similar structure were found in the spleen. Presented by Mr Monteith. G. C. 49.

1265. XXV. G. Mesenteric glands enlarged and altered in structure.

1266. XXV. G. Mesenteric glands enlarged and altered in texture. Their capsule only remains, and the glandular tissue has been converted into a yellow pulpy matter of the consistence of thick cream. Dr Cullen, Paris. G. C. 613.

1267. XXV. G. Mesenteric glands affected with fungus hæmatodes. Presented by Dr Kelly. G. C. 743. a.

1268. XXV. G. Section of the same mass as the last preparation. Presented by Dr Kelly. G. C. 743.

1269. XXV. G. Diseased lymphatic glands connected with the greater curve of the stomach, and near its pyloric orifice. From the same case as the last. Presented by Dr Kelly. G. C. 743. b.

1270. XVIII. B. Cast of the abdominal cavity, with the contained viscera, exhibiting tumours of the abdomen connected with the lymphatic glands. The same case as the three last preparations. Presented by Dr Kelly. G. C. 747.

1271. XXV. G. Fungus hæmatodes in the mesenteric glands. Presented by Dr Lawder. G. C. 711. a.

1272. XXV. G. Lymphatic glands of the neck, from a person in whom these glands were diseased from the top of the neck to the sacrum. Presented by Dr John Campbell. G. C. 1253.

1273. XXV. G. Diseased mesenteric glands, from the same person as the last preparation. Presented by Dr John Campbell. G. C. 1254.

1274. XXV. G. Glandulæ concatenatæ of the neck enlarged and of a soft cerebriform structure, from a woman in whom the whole of the lymphatics of the body were diseased. Presented by Professor Turner. G. C. 231.

1274. *a*. Table No. VI. Wax model of general enlargement of the lymphatic glands of the neck. G. C. 1569.

[For other specimens of diseased lymphatics, see Organs of Digestion.]

CLASS IV.

ORGANS OF RESPIRATION.

I. INJURIES AND DISEASES OF THE LARYNX, TRACHEA AND BRONCHI.

II. DISEASES OF THE PLEURÆ AND LUNGS.

DIVISION I.

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DIVISION II.

DISEASES OF THE PLEURÆ AND LUNGS, 163

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DIVISION I.

INJURIES AND DISEASES OF THE LARYNX, TRACHEA AND BRONCHI.

1. Injuries of the Larynx.

1275. XXVI. B. Wound of the larynx, extending across and dividing the greater part of the thyroid cartilage. Presented by William Newbigging, Esq. G. C. 125.

1276. XXVI. B. Larynx of a young man, who, in attempting suicide, made six cuts on its fore-part. The arteries have been injected, and although all the branches are entire, he died in three hours of hemorrhage from the thyroid gland. The case is given in Bell's Surgical Observations, vol. i. p. 42. B. C. xi. 1. M. 21. a.

1277. XXVI. B. A small pebble lodged within the circle of the arytenoid cartilage. The surgeon performed the operation of laryngotomy between the cartilages, and introduced his probe upwards into the pharynx, but forgot to feel for the body downwards. The child was suffocated. B. C. xi. 1. M. 22. d.

2. Diseases of the Larynx.

1278. XXVI. B. Cartilages of the larynx and trachea ossified. Presented by Dr Hamilton. G. C. 563.

1279. XXVI. B. Cartilages of the larynx ossified, and affected with caries.

1280. XXVI. B. Cartilages of the larynx ossified.

1281. XXVI. B. Cartilages of the larynx ossified. K. C. 384.

1282. XXVI. B. Cartilages of the larynx ossified. K. C. 384. a.

1283. XXVI. B. Ossification and necrosis of the cartilages of the larynx. Laryngotomy was performed without benefit, and the patient died suffocated. Presented by Professor Turner. G. C. 315.

1284. XXVI. B. Specimen of croup in a child which died suffocated. The larynx and trachea are quite stuffed by the preternatural membrane. Bell's Surg. Observ. vol. i. p. 15. B. C. xi. 1. M. 1.

1285. XXVI. B. Croup in a child. The membrane is seen lining the trachea and larynx. The child died from effusion into the lungs, in the last stage, that is, after the violent efforts had ceased, and the danger of suffocation appeared to be over. Bell's Surg. Observ. vol. i. p. 15. B. C. xi. 1. M. 2.

1286. XXVI. B. Trachea of a child who died of croup. A quantity of coagulable lymph is seen to line, almost to plug up the cavity of the larynx. Presented by Dr Alexander Monro to Mr Wilson. Bell's Surg. Observ. vol. i. p. 15. B. C. xi. 1. M. 3. W. C. R. 22.

1287. XXVI. B. False membrane lining the larynx and trachea, in a case of croup. Presented by Dr Hamilton. G. C. 683.

1288. XXVI. B. False membrane lining the larynx and trachea, in a case of croup. Presented by Messrs Wishart and Newbigging. G. C. 126.

1289. XXVI. B. False membrane lining the larynx and trachea in a case of croup. Presented by Messrs Wishart and Newbigging. G. C. 127.

1290. XXVI. B. Lymph effused on the mucous membrane of the larynx and trachea, in a case of croup. Presented by Dr Clarke. G. C. 776.

1291. XXVI. B. False membrane completely obstructing the larynx in a case of croup. The boy, who was eight years of age, was not visited until thirty-two hours after the first attack, and died twelve hours after. Presented by Dr Pitcairn. G. C. 486.

1292. XXVI. B. Small tumours attached to the inner membrane of the larynx of a child, attended with a peculiar crowing cough, and ultimately with croup. Presented by Dr Abercrombie. G. C. 869.

1293. XXVI. B. Croup in an adult. This case is published in Dr Cheyne's work on Cynanche trachealis. Bell's Surg. Observ. vol. i. p. 15. B. C. xi. 1. M. 4.

1294. XXVI. B. Effusion of lymph, with extensive ulceration in the larynx. G. C. 516.

1295. XXVI. B. Cynanche laryngea. The operation of laryngotomy was performed without giving relief, as effusion had already taken place into the lungs. The membrane lining the larynx was swollen and inflamed, and the whole membrane was tumid, so that the sides of the passage were in contact. Bell's Surg. Observ. vol. i. p. 17. B. C. xi. 1. M. 5.

1296. XXVI. B. Larynx of a woman who died of cynanche laryngea. The membrane of the orifice of the larynx on the right side swollen and œdematous. Edinburgh Infirmary. Presented by Professor Turner. G. C. 254.

1297. XXVI. B. Laryngitis for which the operation was performed by Mr Joseph Bell. The inner membrane of the larynx and trachea is covered with an irregular layer of coagulable lymph. G. C. 467.

1298. XXVI. B. Effects of inflammation on the epiglottis

and inner membrane of the larynx. The parts are thickened, and the surface covered with an irregular layer of coagulable lymph. Bell's Surg. Observ. vol. i. p. 18. B. C. xi. 1. M. 6.

1299. XXVI. B. Example of inflammation and thickening of the membrane of the larynx and epiglottis. Bell's Surg. Observ. vol. i. p. 18. B. C. xi. 1. M. 7. W. C. R. 24.

1300. XXVI. B. Epiglottis wasted and the membrane of the larynx thickened by chronic inflammation. The disease supposed to be venereal. The patient died suddenly after being admitted into the Lock Hospital. Bell's Surg. Observ. vol. i. p. 18. B. C. xi. 1. M. 8.

1301. XXVI. B. Destruction of the epiglottis by ulceration. The ducts of the amygdalæ are much enlarged, which is an appearance often mistaken for inflammation and ulceration of the tonsils. Bell's Surg. Observ. vol. i. p. 18. B. C. xi. 1. M. 8. a.

1302. XXVI. B. Epiglottis wasted and covered with coagulable lymph. The inflammation has been propagated to the larynx, and an ulcer is seen on the left sacculus laryngis. B. C. xi. 1. M. 9. W. C. R. 28.

1303. XXVI. B. Ulcers in the glottis and abscesses around the thyroid cartilage, the central parts of which on each side were destroyed by absorption. This woman was saved from suffocation by the operation of laryngotomy, and survived seven weeks, but finally died by suffocation. The case is detailed in Bell's Surg. Observ. vol. i. p. 22. B. C. xi. 1. M. 10.

1304. XXVI. C. Crust of coagulable lymph covering the inside of the larynx. Bell's Surg. Observ. vol. i. p. 18. B. C. xi. 1. M. 11. W. C. R. 23.

1305. XXVI. C. Epiglottis covered with a net-work of coagulable lymph. Membrane of the larynx covered with a similar coating and ulcerated in some parts. (The passage *between* the trachea and œsophagus seems to have been made by

a cutting instrument.) Bell's Surg. Observ. vol. i. p. 18. B. C. xi. 1. M. 12. W. C. R. 26.

1306. XXVI. C. One side of this preparation shews the larynx and trachea rough with inflammation and effused lymph; the other exhibits the membrane of the pharynx thickened, with a degree of stricture. Bell's Surg. Observ. vol. i. p. 18. B. C. xi. 1. M. 13.

1307. XXVI. C. The morbid appearance of the larynx and trachea in phthisis laryngea, when the cough and matter expectorated give the character of phthisis pulmonalis. Bell's Surg. Observ. vol. i. p. 18. B. C. xi. 1. M. 14.

1308. XXVI. C. Larynx slit up in front, shewing extensive ulceration, the whole of the inner membrane being in some places destroyed. The œsophagus having been slit open behind, a passage of communication is seen between the larynx and the termination of the pharynx. B. C. xi. 1. M. 15. W. C. R. 25.

1309. XXVI. C. Ulcer within the sacculus laryngis of a woman 55 years of age, who died of suffocation in the Middlesex Hospital. A bony portion of the thyroid cartilage is necrosed and loose, and, being in the passage, appears to have been the cause of suffocation. See case in Bell's Surg. Observ. vol. i. p. 18. B. C. xi. 1. M. 16.

1310. XXVI. C. Ulcer in the sacculus laryngis. The patient was worn out by a purulent cough. Bell's Surg. Observ. vol. i. p. 20. B. C. xi. 1. M. 17. W. C. R. 27. a.

1311. XXVI. C. A remarkable ulcer in the sacculus laryngis, probably venereal. B. C. xi. 1. M. 18.

1312. XXVI. C. Ulcers within the sacculus laryngis, from a patient who died in St George's Hospital. B. C. xi. 1. M. 21.

1313. XXVI. C. Extensive ulceration of the larynx, with necrosis of the cricoid cartilage. The operation of laryngotomy

was performed by Mr Babington. The patient lived some days after. B. C. xi. 1. M. 22.

1314. XXVI. c. Extensive ulceration of the larynx. The operation of tracheotomy was performed without success. Presented by William Brown, Esq. G. C. 461.

1315. XXVI. c. Sinuses communicating with an abscess, which was pointing into the pharynx. The back part of the abscess is removed so as to shew the arytenoid cartilage about to slough off. The patient died suffocated. B. C. xi. 1. M. 22. a.

1316. XXVI. c. Ulceration of the glottis, with caries of the cricoid cartilage. There is ulceration and adhesion of the arches of the palate. B. C. xi. 1. M. 22. c.

1317. XXVI. c. Epiglottis destroyed, and a venereal ulcer on the glottis. See case of Mary Ann Mellon, in Bell's Surg. Observ. vol. i. p. 32. She was brought into the Middlesex Hospital, and in half an hour fell back in her bed, and expired without a struggle. B. C. xi. 1. M. 19.

1318. XXVI. c. Ulceration and sloughing in the throat, from a patient in the Lock Hospital. B. C. xi. 1. M. 22. b.

1319. XXVI. c. Larynx of a girl aged 14, who died of scarlet fever, in which the throat was much affected. The mucous membrane is coated with lymph. Presented by Alexander Watson, Esq. G. C. 1045.

1320. XXVI. c. Larynx of a young woman affected with a tumour near the glottis. Bronchotomy was performed without success. Presented by Sir George Ballingall. G. C. 914.

1321. XXVI. c. Tumour situated in the upper part of the gullet, and obstructing the larynx. Two quills mark the opening of the œsophagus and trachea. Presented by Professor Thomson. G. C. 790.

3. Injuries and Diseases of the Trachea and Bronchi.

1322. XXVI. c. Trachea divided by accident. Presented by Dr Mollison. G. C. 539.

1323. XXVI. c. Wound in the trachea of a young woman, who attempted to commit suicide with a pen-knife. She survived the first effects of the injury, but was suffocated by the retraction of the edges of the wound, and the swelling of the inner membrane. B. C. xi. 1. M. 22. e.

1324. XXVI. c. Trachea exhibiting ulceration of its inner membrane, attended with the usual symptoms of phthisis, with which the patient died. Presented by Dr Abercrombie. G. C. 870.

1325. XXVI. c. Contraction of the upper portion of the trachea of a child seven years of age. The disease was of long continuance, but the symptoms resembled those of croup. Presented by William Wood, Esq. G. C. 1106.

1326. XXVI. c. Ulceration of the inner membrane of the trachea and bronchi. The patient had laboured under severe and general bronchitic affection for a month previous to his death. Presented by Dr John Campbell. G. C. 1291.

1327. XXVI. c. Tumour attached to the trachea. Presented by George White, Esq. G. C. 664.

1328. XXVI. c. Portions of bronchi, shewing the degree of vascularity in the inflamed state of their membrane. B. C. xi. 2. M. 5.

1329. XXVI. c. Section of a diseased lung, shewing the effects of chronic inflammation of the bronchial tubes, by which their parietes are very much thickened. The substance of the lung is in a healthy state, except the parts in contact with the diseased bronchial tubes. G. C. 88.

1330. XXVI. c. Lymph which retains the ramified form of the bronchial tubes, coughed up from the lungs in a consumptive patient. B. C. xi. 2. M. 20.

4. Diseases of the Thyroid Body and Bronchial Glands.

1331. XXVIII. A. Bronchocele from an adult female, injected. The lobulated structure is well seen, and the gland seems to retain its natural texture. A projection runs up towards the tongue. B. C. xi. 1. M. 23. W. C. R. 19.

1332. XXVIII. A. Bronchocele from an adult female. A process extends from the left lobe towards the os hyoides. Part of the gland goes round the trachea, and must have pressed on the œsophagus. B. C. xi. 1. M. 24. W. C. R. 20.

1333. XXVIII. A. Thyroid gland from the body of an elderly woman, in a state of cancerous suppuration. In some parts it felt much harder than common bronchocele. B. C. xi. 1. M. 25. W. C. R. 21.

1334. XXVIII. A. Large bronchocele, consisting of several lobes, some of them containing a deposition of bony matter. The trachea is nearly surrounded by it. B. C. xi. 1. M. 26. W. C. R. 30.

1335. XXVIII. A. Thyroid gland in a scirrhous state, and very much enlarged. The trachea, to the extent of four inches, is much compressed. B. C. xi. 1. M. 20. W. C. R. 27.

1336. XXVIII. A. Thyroid gland enlarged, with a cavity containing pus. Presented by Professor Thomson. G. C. 94.

1337. XXVIII. A. Tumour connected with the thyroid gland. From a female subject. The disease seems to have originated in the thyroid gland, and the thyroid artery is seen to be of extraordinary size. Presented by Dr Knox. G. C. 1082.

1338. XXVIII. A. Thyroid gland greatly enlarged, and presenting cellular cavities filled with soft friable matter. Presented by Dr Hunter. G. C. 1549.

DIVISION II.

DISEASES OF THE PLEURÆ AND LUNGS.

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1. Diseases of the Pleuræ.

1339. XXVIII. A. Mass of lymph taken from the pleura costalis. The vessels are filled with injection from the internal mammary artery. B. C. xi. 2. M. 1.

1340. XXVIII. A. Portion of lung covered with coagulable lymph. There appears to be a fresh layer deposited upon a former one, which is very thick and vascular. B. C. xi. 2. M. 2.

1341. XXVIII. A. Coagulable lymph dissected off from the pleura pulmonalis. B. C. xi. 2. M. 3.

1342. XXVIII. A. Portion of lung suspended by a layer of coagulable lymph, which is seen to pass over the edge of the lobe of the lung. B. C. xi. 2. M. 4.

1343. XXVIII. A. Thin layer of coagulable lymph dissected from the lung. Some small vessels seem to pass from the injected lung into the lymph. B. C. xi. 2. M. 6.

1344. XXVIII. A. Coagulable lymph on the surface of the lungs injected. The vessels are distinctly seen in the lymph, which is neatly dissected from the lung covered by its pleura. B. C. xi. 2. M. 7.

1345. XXVIII. A. Adhesions of considerable extent between the pleura pulmonalis and pleura costalis, in conse-

quence of former inflammation. B. C. xi. 2. M. 14. W. C. s. 10.

1346. XXVIII. A. Specimen of adhesion between the pleura pulmonalis and pleura costalis.

1347. XXVIII. A. Slight deposition of lymph on the pleura pulmonalis, in consequence of inflammation. G. C. 90.

1348. XXVIII. A. Consolidated lung, from a young child, who died of inflammation of the lungs. The pleura is also coated with adventitious membrane. Presented by Alexander Watson, Esq. G. C. 1548.

1349. XXVIII. A. Pleura pulmonalis thickened and inflamed. Presented by Alexander Watson, Esq. G. C. 1041.

1350. XXVIII. A. Portion of a lung from a man who died of empyema. Both pleuræ are greatly thickened, and adhere together. Presented by Frederick Knox, Esq. G. C. 854.

1351. XXVIII. A. Thickened pleura, and partially hepatized lungs. Presented by Alexander Watson, Esq. G. C. 1042.

1352. XXVIII. A. Portion of the lungs of a child, who had laboured under inflammation of the chest, and died of remittent fever and dyspnœa. The lobes cohere by the new membrane which covers the surface of the pleura, and is injected to shew its vascularity. Presented by Professor Turner. G. C. 310.

1353. XXVIII. A. Pleura pulmonalis covered with copious effusion of lymph, in a case of empyema. Presented by Professor Thomson. G. C. 697.

1354. XXVIII. A. Portion of a rib, with the pleura covering it rough from extensive adhesions to the lungs. Dr Cullen, Paris. G. C. 620.

1355. XXVIII. A. False membrane of great thickness on the surface of the pleura, with deposition of lymph in the substance of the lungs. G. C. 128.

1356. XXVIII. A. Consolidated lung covered by a false membrane on the surface of the pleura, from violent pleuritis, which terminated in effusion of several pounds of fluid in the pleural cavity, and caused consolidation of the lung. From a boy six years old. Presented by Alexander Watson, Esq. G. C. 756.

1357. XXVIII. A. Large portion of the pleura pulmonalis of an asthmatic patient, changed into a substance resembling bone and cartilage. Some of the air-cells towards the surface are considerably enlarged. It resembles the lungs of a broken-winded horse. B. C. ii. M. 13. W. C. s. 11.

1358. XXVIII. A. Osseous deposition between the pleura pulmonalis and pleura costalis. The preparation shews both membranes distinctly. Presented by Dr Hunter. G. C. 1086.

1359. XXVIII. A. Ossification of the pleura of great thickness. B. C. xi. 2. M. 25. W. C. s. 21.

1360. XXVIII. A. Deposition of osseous matter in the situation of the pleura costalis. G. C. 371.

2. Diseases of the Lungs.

1361. XXVIII. B. **Ruptured lung, from a soldier who fell over the Castle Rock. Presented by Dr Maclagan. G. C. 652.**

1362. XXVIII. B. **Specimen of emphysematous lung. Presented by Dr Begbie. G. C. 792.**

1363. XXVIII. B. **Emphysema of the left lung of a child about two years of age, who died of constipation. Presented by Dr Knox. G. C. 730.**

1364. XXVIII. A. **Specimen of emphysematous lung. Presented by Alexander Watson, Esq. B. C. 779.**

1365. XXVIII. B. **Emphysematous lung in a case of whooping cough. Presented by Dr Hamilton. G. C. 759.**

1366. XXVIII. B. Portion of a tuberculated lung, with emphysema. Presented by Alexander Watson, Esq. G. C. 831.

1367. XXVIII. B. Several vesicles filled with air, on the surface of the lungs of a person, who, during life, had drunk large quantities of spirits, and taken violent exercise. B. C. xi. 2. M. 28. W. C. s. 24.

1368. XXVIII. B. Air-cells of the lungs of an asthmatic patient much enlarged. This is the state in which the lungs of the celebrated Dr Johnson were found. It is well known that he had been asthmatic for many years. B. C. xi. 2. M. 24. W. C. s. 20.

1369. XXVIII. B. Specimen of hepatised lung, from an advanced stage of acute inflammation. A small portion at one side is in a healthy state, into which the disease had been extended. G. C. 277.

1370. XXVIII. B. Specimen of hepatized lung, with lymph effused on the surface. G. C. 642.

1371. XXVIII. B. Specimen of hepatized lung. Presented by Dr W. Thomson. G. C. 738.

1372. XXVIII. B. Specimen of consolidated lung. Army Medical Board. G. C. 619.

1373. XXVIII. B. Portion of lung from a woman about 60 years of age, and of temperate habits. She had several attacks of pneumonia. The lungs were excessively consolidated, and the pleura extensively coated with false membrane. Presented by Alexander Watson, Esq. G. C. 748.

1374. XXVIII. B. Another portion of the same lung. G. C. 748. a.

1375. XXVIII. B. Specimen of mortification of the lungs with inflammatory condensation. From a child who died of typhus fever with pneumonia. Presented by Professor Turner. G. C. 311.

1376. XXVIII. B. Specimen of gangrene of the lungs. Presented by Alexander Watson, Esq. G. C. 1048.

1377. XXVIII. B. Lung of a child in a case of empyema. The substance of the lung was healthy, but consolidated by the pressure of the pleuritic fluid, which filled the same side of the chest. The pleura is thickened and covered with lymph. Presented by Alexander Watson, Esq. G. C. 705.

1378. XXVIII. B. Specimen of consolidated lung from inflammation. There is a thick deposition of lymph upon the pleura, as well as into the substance of the lung. Presented by Alexander Watson, Esq. G. C. 643.

1379. XXVIII. B. Specimen of consolidated lung. Presented by Alexander Watson, Esq. G. C. 657. c.

1380. XXVIII. B. Specimen of consolidated lung from a young woman. The infiltration has somewhat of a tuberculated appearance. Presented by Alexander Watson, G. C. 626.

1381. XXVIII. B. Specimen of hepatized lung, from acute inflammation. Presented by Alexander Watson, Esq. G. C. 748. B.

1382. XXVIII. B. Tubercles of the lungs at an early period of growth. Presented by Dr Robert Hamilton. G. C. 538.

1383. XXVIII. B. Tubercles of the lungs at an early stage. Presented by Dr Robert Hamilton. G. C. 536.

1384. XXVIII. B. Portion of tuberculated lung from a child about nine months old. Both lungs were filled with tuberculated matter. Presented by Dr Knox. G. C. 671.

1385. XXVIII. B. Portion of tuberculated lung.

1386. XXVIII. B. Portion of tuberculated lung.

1387. XXVIII. B. Tubercles on the inner membrane of the lungs of a boy five years of age. The lungs are studded with tubercles in their incipient stage; the inner membrane of the bronchi very vascular, and covered with tubercles; the bronchial glands much enlarged and tubercular. The liver and spleen were similarly affected. Presented by Dr Alison. G. C. 740.

1388. XXVIII. B. Section of a tuberculated lung, from a child three years old. The rectum was affected with ulceration. Presented by Dr Begbie. G. C. 932.

1389. XXVIII. B. Section of a tuberculated lung, from a young man who died in consequence of an injury of the head. He never complained of any affection of the chest. Presented by Dr Knox. G. C. 1123.

1390. XXVIII. B. Section of a lung consolidated by infiltration of lymph. Presented by Alexander Watson, Esq. G. C. 761.

1391. XXVIII. B. Portion of tuberculated lung. Presented by Alexander Watson, Esq. G. C. 666.

1392. XXVIII. B. Portion of lung almost entirely converted into white scrofulous tubercles. From the dissecting room. Presented by Professor Turner. G. C. 253.

1393. XXVIII. C. Specimen of tuberculated lung. Presented by Professor Thomson. G. C. 89.

1394. XXVIII. C. Specimen of tuberculated lung in the last stage, from a middle-aged man. Several large cavities in the substance of the lung. Presented by Alexander Watson, Esq. G. C. 627.

1395. XXVIII. C. A small portion of lung, in which the tubercles may be seen in their different stages, some as small as a pin-head; others as large as a pea, and some in a state of ulceration. B. C. xi. 2. M. 27. W. C. s. 23.

1396. XXVIII. C. Several tubercles of the lungs injected. Little injection has penetrated the tubercles themselves, but the membrane surrounding them is minutely injected. A bristle is inserted into a small abscess. A white line marks the adhesions between the lobes. Injected by Mr Brodie. B. C. xi. 2. M. 17. W. C. s. 14.

1397. XXVIII. C. Portion of hepatized lung, which had become so solid as to sink in water. A white line of thickened pleura marks the adhesion with a portion which had not been destroyed. B. C. xi. 2. M. 18. W. C. s. 16.

1398. XXVIII. C. Portion of lung much diseased, many tubercles having gone into active ulceration. The pleura is

much thickened, and changed into a substance resembling cartilage. B. C. xi. 2. M. 16. W. C. s. 13.

1399. XXVIII. c. Portion of the lung of a child, consolidated, and shewing incipient tubercles, with effusion of lymph in specks on the surface. Presented by Dr Alison. G. C. 654.

1400. XXVIII. c. Portion of lung similar to the last preparation.

1401. XXVIII. c. Portion of lung in which many abscesses are seen. Their walls are minutely injected. There is also a layer of lymph on the surface. B. C. xi. 2. M. 8.

1402. XXVIII. c. Large abscess opening on the surface of the lung. The patient suffered great pain opposite to this spot. A blister was on the chest, which by ulceration had nearly formed a communication with the abscess. The substance of the lung is seen studded with tubercles and abscesses. B. C. xi. 2. M. 11.

1403. XXVIII. c. Portion of the lungs of a patient who died of pulmonary consumption. A considerable quantity of lymph is seen on its surface. A fissure from an abscess within the substance of the lung, allowed the passage of the matter into the cavity of the chest, forming empyema. Many tubercles and small abscesses are seen. B. C. xi. 2. M. 15. W. C. s. 12.

1404. XXVIII. c. Portion of the lungs of a person who died of consumption. The tubercles are seen in various stages, some ulcerated, and forming abscesses of considerable size. B. C. xi. 2. M. 9.

1405. XXVIII. c. Portion of a lung which was nearly destroyed by tubercular ulceration. There are a few parts which are still healthy. B. C. xi. 2. M. 10.

1406. XXVIII. c. An extensive abscess in the lungs. The trunks of bloodvessels are seen passing across the abscess,

and are not yet much affected in their coats by the ulceration. B. C. xi. 2. M. 23. W. C. s. 18.

1407. XXVIII. c. The thickened pleura forming a white line marks the division between a healthy portion, and a part where the air-cells are entirely obliterated by tubercles. B. C. 2, M. 19. W. C. s. 17.

1408. XXVIII. c. Lung affected with ulceration, and having calcareous deposits in various parts, with adhesions and appearances on the surface resembling what Laennec calls old cicatrices. Presented by Professor Turner. G. C. 427.

1409. XXVIII. c. Lung affected with tubercular ulceration, and shewing melanotic deposition. Presented by Alexander Watson, Esq. G. C. 657. a.

1410. XXVIII. c. Portion of the lung of a child who died of phthisis. It shews a well defined tubercular cavern, lined with a new adhesive membrane. Dr Cullen. Paris. G. C. 532.

1411. XXVIII. c. Portion of diseased lung, shewing the cavities of large abscesses, with calcareous deposition in the thickened pleura. Thick bands stretching across some of the cavities consist of the bronchial tubes, which have resisted the disease. Presented by Alexander Watson, Esq. G. C. 657. b.

1412. XXVIII. c. Portion of tuberculated lung with membranous adhesions from pleuritic inflammation. Presented by Alexander Watson, Esq. G. C. 641.

1413. XXVIII. c. Portion of the hepatized lung of a child 10 years old, who died of true phthisis. Two tubercular caverns are seen, along the side of one of which is observed a large bloodvessel, slightly thickened, and forming part of the cyst of the cavern. Dr Cullen, Paris. G. C. 530.

1414. XXVIII. c. Tuberculous ulceration of great extent in the upper part of the right lung, from a patient who had la-

boured under phthisis pulmonalis for upwards of seven months. Presented by Patrick Newbigging, Esq. G. C. 1439.

1415. XXVIII. c. Section of the same lung, shewing the tubercles in various stages. Presented by Patrick Newbigging, Esq. G. C. 1440.

1416. XXVII. c. Tuberculous excavation of the upper part of the right lung, communicating with the bronchi, and with the cavity of the pleuræ, where about eight ounces of pus were found. The other lobes are full of tubercles, as was also the case with the left lung. The liver was large, and the gall-bladder contained ten calculi, apparently of cholesterine. Presented by Patrick Newbigging, Esq. G. C. 1546.

1417. XXVIII. c. Large specimen of lung consolidated, and exhibiting the cyst of an abscess, communicating with the bronchial tubes. The pleura is greatly thickened. From the Army Medical Board. G. C. 680.

1418. XXVIII. c. Specimen of large abscess of the lungs, with the tubercles in various stages.

1419. XXVIII. c. Tuberculated lung, in which is seen the cavity of an abscess, surrounded by tubercular infiltration into the whole of the affected lobe: the adjoining lobe is quite healthy. Considerable thickening of pleura, from adventitious membrane covering it. Presented by Alexander Watson, Esq. G. C. 743. c.

1420. XXVII. c. Specimen of tuberculated lung with caverns, from a man aged 25, who had laboured under symptoms like those of phthisis for fifteen years. Presented by Dr Knox and Mr Knox. G. C. 1217.

1421. XXVIII. c. Large tubercular cavern in the lung of a child, columns of pulmonary tissue run through it. It was separated from the cavity of the pleura by a very thin layer. Pleura also covered with false membrane. Paris. G. C. 523.

1422. XXVIII. c. Specimen of diseased lung, shewing the cavity of a large abscess, with perforation of the inflamed and thickened pleura pulmonalis. In some parts there are tubercles, and in others a general infiltration of tubercular matter. Presented by Alexander Watson, Esq. G. C. 657. c.

1423. XXVIII. c. Section of a lung hepatized by infusion of blood, from a woman who had been affected with hæmoptysis upwards of thirty years. Remarkable cavities are seen in various points, shewing a distinct investing membrane. The bronchial tubes open by pretty large orifices into these cavities. Presented by Professor Thomson. G. C. 1103.

1424. XXVIII. c. Section of the same lung as the last preparation. Presented by Professor Thomson. G. C. 1104.

1425. XXVIII. d. Preparation exhibiting an appearance of the pleura, supposed by Laennec to be the cicatrization of a tubercular cavern. Dr Cullen, Paris. G. C. 619.

1426. XXVIII. d. Specimen of supposed cicatrix on the lungs. Substance of lung nearly healthy. Pleura thickened, and covered by adventitious membrane. Parietes of larger bronchial tubes much thickened. Presented by Mr Watson. G. C. 708.

1427. XXVIII. d. Portion of lung in which there is a chalky concretion about the size of a pea. Presented by James Wardrope, Esq. G. C. 91.

1428. XXVIII. d. Specimen of the soft tubercle of the lungs, which is of rare occurrence. A similar preparation is described by Dr Baillie in his Morbid Anatomy. B. C. xi. 2. m. 26.

1428. *a*. XXVIII. d. Tumours from the lungs precisely similar to those of the last preparation.

1429. XXVIII. d. Part of a lung which had been changed

into a mass resembling fungus hæmatodes. It is a portion of the same great tumour which in another preparation (No. 1041.) is seen to surround the heart. B. C. xi. 2. M. 29.

1430. XXVIII. D. Portion of lung affected with fungus hæmatodes. Presented by Charles Sidey, Esq. G. C. 930.

1431. XXVIII. D. Large scirrhous tumour connected with the bronchial glands at the left side of the lower extremity of the trachea. At the same place there is a scirrhous tumour involved in the coats of the parietes of the œsophagus. The upper lobe of right lung affected with a large chronic abscess. The pleura thickly coated with lymph. From a woman about 45 years of age, who went about without much complaint till the time of her death, which took place rather suddenly. Presented by Alexander Watson, Esq. G. C. 1547.

1432. XXVIII. D. Melanose tubercles in the lung. From the same person as No. 943, and who died in the Royal Infirmary. See also Med. Chir. Trans. v. i.; paper by Drs Cullen and Carsewell. Presented by Dr Pitcairn. G. C. 493.

1433. XXVIII. D. Melanose tubercles in the lung. From the same case as the last.

1434. XXVIII. D. Melanosis of the lungs. Presented by Professor Thomson. G. C. 701.

1435. XXVIII. D. Melanosis of the lungs. From the same case as the last. Presented by Professor Thomson. G. C. 701. a.

1436. XXVIII. D. Section of a lung deeply affected with melanosis. Presented by Professor Thomson. G. C. 838.

1437. XXVIII. D. Section of a diseased lung, exhibiting the appearance of melanosis. Presented by Alexander Watson, Esq. G. C. 743. d.

1438. XXVIII. D. Section of a lung affected with spurious melanosis. Presented by Mr Hume, Tranent. G. C. 836.

1439. XXVIII. D. Specimens of spurious melanosis of the lung occurring in a collier. From a case under the care of Mr Philp of Aberdour. Presented by Professor Thomson. G. C. 1557.

1440. XXVIII. D. Portions of the upper lobe of the left lung, and lower lobe of the right, in a case of spurious pulmonary melanosis, occurring in a coal-setter. The whole of both lungs was of a deep uniform black colour, except the right lower lobe, which showed an intermixture of a greyish-yellow colour with the black. Presented by Dr William Thomson and Dr J. Simpson. G. C. 1558.

1441. XXVIII. D. A section of the lower lobe of the left lung, from the same case as No. 1440. Several small, and one large, anfractuous excavation, with an obstructed vessel crossing it at one part, are seen in the substance of the lobe. The false membrane covering the pleura is also black at some parts. Presented by Dr William Thomson and Dr J. Simpson. G. C. 1559.

1442. XXVIII. D. The superficial lymphatic (?) vessels of a portion of the upper lobe of the left lung filled with a firm black substance, dissected by Dr Simpson; from the same case as Nos. 1440. and 1441. The nodules and lines of compact carbonaceous matter deposited in these vessels, gave an impression to the pulmonary texture when pressed under the finger, as if it were studded with a deposit of tubercles. A row of roundish bronchio-pulmonary glands, enlarged and of a black colour is placed at the top of the jar. Presented by Dr William Thomson and Dr J. Simpson. G. C. 1560.

1443. XXVIII. D. A portion of lung affected with spurious melanosis, from a collier who died of acute pericarditis supervening upon a surgical injury. He had not shewn any symptoms of pulmonary affection during life. Presented by Dr William Thomson. G. C. 1561.

1444. XXVIII. D. Specimen of black sputum from a moulder at Carron, who died under Mr Girdwood's (of Falkirk) care, of what was supposed to be spurious melanosis of the lungs. See case of Braid in Edin. Med. and Surg. Journ. vol. xlii. p. 299. Presented by Dr W. Thomson and Dr J. Simpson. G. C. 1562.

1445. XXVIII. D. Specimen of the usual black expectoration spit up by the Carron moulders. Presented by Mr Girdwood, Falkirk. G. C. 1563.

1446. XXVIII. D. Burst hydatid, probably from the liver, conghed up from the lungs. B. C. xi. 2. M. 21.

CLASS V.

ORGANS OF DIGESTION.

I. DISEASES OF THE ALIMENTARY CANAL.

II. DISEASES OF THE LIVER.

III. DISEASES OF THE SPLEEN.

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DIVISION I.

DISEASES OF THE ALIMENTARY CANAL.

SECTION I. DISEASES OF THE MOUTH.

1. Diseases of the Lips.

1447. XXVIII. E. Carcinomatous ulcer removed from the lips, together with a small tumour from the angle of the jaw. Presented by Dr Hunter. G. C. 1097.

1448. XXVIII. E. Carcinomatous tumour removed from the lower lip of a woman aged fifty-seven. G. C. 945.

1449. XXVIII. E. Cancer of the lower lip of a man aged sixty-one. Removed by Mr Allan.

1450. XXVIII. E. Model of carcinomatous ulcer of the lower lip. G. C. 1567.

2. Diseases of the Gums and Teeth.

1451. XXVIII. E. Model of diseased antrum with osteosarcoma of the upper jaw. G. C. 1570.

1452. XXVIII. E. Several teeth covered with tartar, others much broken down. B. C. iii. M. 4. W. C. K. 31.

1453. XXVIII. E. A quantity of tartar collected on several of the teeth of the lower jaw. The front teeth broken down, and the process of denudation going on, especially in the posterior grinders. B. C. iii. M. 5. W. C. K. 32.

1454. XXVIII. E. A great quantity of tartar destroying

the teeth of both jaws. The fangs are principally affected. B. C. iii. M. 6. W. C. K. 33.

1455. XXVIII. E. Much tartar on the teeth and gums of the upper jaw. B. C. iii. M. 7. W. C. K. 34.

1456. XXVIII. E. Fang of the first molar tooth pressing on the gum so as to produce absorption, and causing the most obstinate kind of gum-boil. B. C. iii. M. 8. W. C. K. 35.

1457. XXVIII. E. A cuspidatus, the fang and body of which are covered with a crust of new-formed bone. B. C. iii. M. 9. W. C. K. 27.

1458. XXVIII. E. Four incisors and two cuspidati curiously marked. In the same bottle are two sets of false teeth which have been corroded by use. B. C. iii. M. 10.

1459. XXVIII. E. A very curious small tooth which grew between the cuspidatus and bicuspidatus of a lady. Also a tooth from a seaman, forming a strong contrast with it. B. C. iii. M. 11.

1460. XXVIII. E. Specimens of milk-teeth in a state of decay. Presented by Professor Thomson.

1461. XXVIII. E. Middle incisors of the upper jaw decayed. Presented by Professor Thomson.

1462. XXVIII. E. Lateral incisors of the upper jaw decayed. Presented by Professor Thomson.

1463. XXVIII. E Canine teeth of the upper jaw decayed. Presented by Professor Thomson.

1464. XXVIII. E. First grinders of the upper jaw decayed. Presented by Professor Thomson.

1465. XXVIII. E. Second grinders of the upper jaw decayed. Presented by Professor Thomson.

1466. XXVIII. E. Third grinders of the upper jaw decayed. Presented by Professor Thomson.

1467. XXVIII. E. Fourth grinders of the upper jaw decayed. Presented by Professor Thomson.

1468. XXVIII. E. Dentes sapientiæ of the upper jaw decayed. Presented by Professor Thomson.

1469. XXVIII. E. Incisors of the lower jaw decayed. Presented by Professor Thomson.

1470. XXVIII. E. Canine teeth of the lower jaw decayed. Presented by Professor Thomson.

1471. XXVIII. E. First grinders of the lower jaw decayed. Presented by Professor Thomson.

1472. XXVIII. E. Second grinders of the lower jaw decayed. Presented by Professor Thomson.

1473. XXVIII. E. Third grinders of the lower jaw decayed. Presented by Professor Thomson.

1474. XXVIII. E. Fourth grinders of the lower jaw decayed. Presented by Professor Thomson.

1475. XXVIII. E. Dentes sapientiæ of the lower jaw decayed. Presented by Professor Thomson.

1476. XXVIII. E. Artificial teeth corroded. Presented by Professor Thomson.

3. Diseases of the Palate.

1477. XXVIII. E. Cleft palate and double hare-lip. Presented by Alexander Watson, Esq. G. C. 702.

1478. XXVIII. E. Wax-model of hare-lip; the same case as the last. Presented by Alexander Watson, Esq. G. C. 737.

1479. XXVIII. E. Duplicate of the last. G. C. 1020.

1480. XXVIII. E. Wax-model of hare-lip. G. C. 1019.

1481. XXVIII. E. Tumour extirpated from the palatum durum of an old man. Presented by Dr Gairdner. G. C. 700.

4. Diseases of the Salivary Glands.

1482. XXVIII. E. Salivary concretion formed under the tongue, from a patient who had an impediment in his speech for nine years. Presented by John Young, Esq. G. C. 1566.

1483. XXVIII. E. Section of an incipient melanose tumour from the parotid gland. Presented by Professor Thomson. G. C. 114.

1484. XXVIII. E. Cystic fungus hæmatodes of the parotid gland, removed after death. The surface of the tube of the ear involved in the disease. Recurrence of the disease after the four following tumours were extirpated. Patient died exhausted in 1830. Presented by Professor Turner. G. C. 1216.

1485. XXVIII. E. Tumour extirpated from the region of the parotid in June 1827. Presented by Professor Turner. G. C. 1292.

1486. XXVIII. E. Tumour extirpated from the region of the parotid, in June 1828. Presented by Professor Turner. G. C. 1293.

1487. XXVIII. E. Tumour extirpated from the region of the parotid in October 1828. Presented by Professor Turner. G. C. 1294.

1488. XXVIII. E. Tumour extirpated from the region of the parotid, in January 1829, by Mr Palmer. Presented by Professor Turner. G. C. 1295.

The above four tumours are from the same patient as No. 1484, which was cut from the neck after death. A tumour, very similar to No. 1486, was also extirpated by Mr George Bell, in March 1828.

SECTION II. DISEASES OF THE PHARYNX AND ŒSOPHAGUS.

1489. XXVIII. F. Preternatural sac formed by protrusion of the inner membrane of the pharynx. The bag obstructed the bougie, and gave great distress. The case is detailed in Bell's Surg. Observ. vol. i. p. 64. pl. ii. B. C. xiii. 2. M. 1.

1490. XXVIII. F. An abscess connected with the vertebræ of the neck, communicating with the pharynx. See Bell's Surg. Observ. vol. i. p. 60. B. C. xiii. 2. M. 2.

1491. XXVIII. F. A large abscess on the thyroid cartilage, which has formed a communication with the pharynx internally. B. C. xiii. 2. M. 14.

1492. XXVIII. F. Obstruction of deglutition caused by an ulcer which has laid bare the os hyoides, so that the horn projects into the pharynx. The woman was 35 years of age, for six weeks before her death had incessant cough, with profuse expectoration of offensive matter, and died from excessive weakness and inanition three days after delivery of a child at the seventh month. Bell's Surg. Observ. vol. i. p. 60. B. C. xiii. 2. M. 3.

1493. XXVIII. F. The thyroid gland being scirrhous and enlarged, has so pressed upon the lower part of the œsophagus as to obstruct the tube. Bell's Surg. Observ. vol. i. p. 61. B. C. xiii. 2. M. 10.

1494. XXVIII. F. Scirrhous tumours in the pharynx and

œsophagus, with stricture of the rima glottidis. See case of Jane Nichols in Bell's Surg. Observ. vol. i. p. 53. B. C. xiii. 2. M. 13.

1495. XXVIII. F. Morbid thickening of the pharynx, a degree of stricture at the commencement of the œsophagus, a large ulcer of the trachea, and lymph on the membrane of the larynx. Bell's Surg. Observ. vol. i. p. 60. B. C. xiii. 2. M. 4.

1496. XXVIII. F. Morbid thickening of the pharynx, of a scirrhous nature. Bell's Surg. Observ. vol. i. p. 60. B. C. xiii. 2. M. 5.

1497. XXVIII. F. Stricture in the upper part of the pharynx. The patient had great difficulty in swallowing. B. C. xiii. 2. M. 5. a.

1498. XXVIII. F. Tonsils in a state of ulceration. Presented by Dr William Thomson. G. C. 1141.

1499. XXVIII. F. Tumour removed from the pharynx of an infant, affording an example of cutaneous texture on a mucous membrane. Presented by Robert Logan, Esq. New Lanark. See Edinb. Med. and Surg. Journ. vol. xxxviii. p. 276. G. C. 1303.

1500. XXVIII. F. Stricture of the œsophagus, affording a fine example of the manner in which inflammation forms stricture in the muscular bands. Twenty years before this woman's death, she swallowed soap-lees, which caused inflammation, and from that time the narrowness and difficulty of swallowing increased, till she absolutely died starved. Bell's Surg. Observ. vol. i. p. 82. pl. iii. fig. 2. B. C. xiii. 2. M. 6.

1501. XXVIII. F. Stricture of the œsophagus of a child, which, during its mother's absence, had swallowed soap-lees. Bell's Surg. Observ. vol. p. 83. B. C. xiii. 2. M. 7.

1502. XXVIII. F. Complete obstruction of the œsophagus

of a child, which had swallowed a quantity of liquid potass. The child was supported for a very considerable time by means of beef-tea and other nutritious substances injected by the rectum. Presented by Dr Mollison. G. C. 1134.

1503. XXVIII. F. Stricture of the œsophagus of a woman who, for the last ten years of her life, required an effort of many hours to swallow a small tea-cupful of thin fluid, and died of inanition. Bell's Surg. Observ. vol. i. p. 76. pl. iv. fig. 1. B. C. xiii. 2. M. 8.

1504. XXVIII. F. Contraction of the œsophagus at the cardiac orifice of the stomach. The mucous coat was slightly thickened and abraded. The patient had occasional attacks of spasmodic difficulty of deglutition, with pain in the epigastric region. Presented by Professor Turner. G. C. 1126.

1505. XXVIII. F. Stricture of the œsophagus. The operation of œsophagotomy was performed, but the operator failed in introducing food into the stomach until it was too late. B. C. xiii. 2. M. 16.

1506. XXVIII. F. Scirrhous thickening and ulceration of the œsophagus opposite to the bifurcation of the trachea. Bell's Surg. Observ. vol. i. p. 60. B. C. xiii. 2. M. 9.

1507. XXVIII. F. Œsophagus, where it passes through the diaphragm, obstructed by a tumour formed within its coats. Bell's Surg. Observ. vol. i. p. 60. B. C. xiii. 2. M. 11.

1508. XXVIII. F. Œsophagus having on its inner surface soft tumours, which, during life, yielded so that the bougie was not impeded. Bell's Surg. Observ. vol. i. p. 60, 77. pl. iii. B. C. xiii. 2. M. 12.

1509. XXVIII. F. Preparation in a case where ulceration of the throat opened the internal carotid artery, and the woman was supposed to die from the bursting of a bloodvessel in the lungs. B. C. xiii. 2. M. 15.

1510. XXVIII. F. Ulceration of the œsophagus and trachea, caused by an abscess in the upper part of the lungs. Presented by Dr Hay. See Med. Chir. Trans. vol. i. G. C. 469.

1511. XXVIII. F. Ulceration of diseased glands lying between the œsophagus and aorta, with perforation of both. Sudden death took place from the effusion of blood into the gullet and stomach. Presented by Charles Cheyne, Esq. G. C. 1198.

SECTION III. DISEASES OF THE STOMACH AND PANCREAS.

1. Diseases of the Stomach.

1512. XXVIII. G. Stomach of an infant, terminating in a cul-de-sac at the pyloric end. See case by Mr Crooks, surgeon, Kilmarnock, in Edinb. Med. Chir. Trans. vol. ii. p. 389. Presented by Dr Gairdner. G. C. 767.

1513. XXVIII. G. Stomach of a child destroyed by the gastric juice after death. B. C. xiii. 3. M. 1.

1514. XXVIII. G. Stomach of a child about eight years old, of which the great end has been nearly dissolved by the action of the gastric juice after death. B. C. xiii. 3. M. 2. W. C. v. 20.

1515. XXVIII. G. Perforation of the stomach of a child. Presented by Dr Gairdner. See Dr Gairdner's paper in Edinb. Med. Chir. Trans. vol. i. p. 322. pl. iii. G. C. 554.

1516. XXVIII. G. Perforation of the stomach of a child twelve months old. Presented by Dr Gairdner. See Dr Gairdner's paper in Edinb. Med. Chir. Trans. vol. ii. p. 331. G. C. 686.

1517. XXVIII. G. Portion of the stomach of a young of-

ficer, who died suddenly in a hotel in London. It was supposed that he had taken poison. The internal coat was lacerated, and the stomach generally was in a state of great inflammation. B. C. xiii. 3. M. 3. W. C. v. 22.

1518. XXVIII. G. Part of the stomach of an officer who took two doses of arsenic. B. C. xiii. 3. M. 4.

1519. XXVIII. G. Part of the stomach of a woman who died of cholera, in the stage of reaction, at Fountainbridge Hospital. The stomach and small intestine were so highly vascular, that, when recent, they looked like scarlet cloth. Presented by Dr Scott. G. C. 1442.

1520. XXVIII. G. A large ulcer near the pylorus perforating the stomach. The gall-bladder and liver had adhered firmly to it. B. C. xiii. 3. M. 10.

1521. XXVIII. G. Ulceration of the stomach. The pylorus much thickened and contracted. The liver was tuberculated and adhered to the stomach. Presented by Dr Huie. G. C. 719. b.

1522. XXVIII. G. A large ulcer of the pylorus, which allowed the contents of the stomach to escape into the cavity of the peritoneum. B. C. xiii. 3. M. 5. W. C.

1523. XXVIII. G. Part of the stomach of a woman having the inner coat considerably thickened, and in several places ulcerated. At one point the ulcer has destroyed all the coats. B. C. xiii. 3. M. 11. W. C. v. 22. a.

1524. XXVIII. G. Example of the more common ulcer of the stomach, which resembles a wound produced by a stab. B. C. xiii. 3. M. 12.

1525. XXVIII. G. An ulcer in the stomach of a young woman, who for some years could retain no other food than fat bacon. B. C. 3. M. 13. W. C. v. 38.

1526. XXVIII. G. Ulcer in the stomach of a young woman, who had not complained of illness until about twelve hours before her death. B. C. xiii. 3. M. 14. W. C. v. 37.

1527. XXVIII. G. Ulceration of the stomach, with perforation of its coats. From a woman aged 50. Presented by Dr Abercrombie. G. C. 874.

1528. XXVIII. G. Ulceration of the stomach of a man aged 40. Presented by Dr Robert Hamilton. G. C. 781.

1529. XXVIII. G. Ulceration of the stomach, with perforation of its coats. Presented by Dr Thomas Hunter. G. C. 1443.

1530. XXVIII. G. Great thickening and ulceration of the internal coat of the stomach. The omentum, with masses of diseased absorbent glands, adheres to the diseased part. B. C. xiii. 3. M. 24. W. C. v. 25.

1531. XXVIII. G. Small end of the stomach and beginning of the duodenum inverted. The patient, a young man 23 years of age, had symptoms of inflammation of the bowels for 24 hours before death. There are small ulcerations and appearances of sloughing on the stomach, and an ulcer has perforated the duodenum. B. C. xiii. 3. M. 23. W. C. v. 36.

1532. XXVIII. G. Fungoid ulceration of the pylorus and duodenum of a gentleman aged 50, who had long been in India. B. C. xiii. 3. M. 18. W. C. v. 46.

1533. XXVIII. G. Part of the stomach of a woman affected with pulpy thickening of the mucous coat: the muscular and peritoneal coats scirrhous. From a patient who had also numerous large soft cerebriform tumours of the liver. Presented by Professor Turner. G. C. 308.

1534. XXVIII. G. Tumour apparently cancerous, but softer, and having cells filled with more gelatinous matter than

is generally found in cancer, occupying a large portion of the stomach of a woman aged 48. A very extensive ulceration communicates with the cavity of the stomach. B. C. xiii. 3. M. 7. W. C. v. 23.

1535. XXVIII. G. Fungous excrescences from the inner coat of a scirrhous stomach. The patient died suddenly in St George's Hospital, without having exhibited any symptoms that could lead to a suspicion of the nature of his disease. B. C. xiii. 3. M. 19. W. C. v. 44.

1536. XXIX. A. Fungous excrescences from the mucous membrane of the smaller extremity of the stomach of a man 41 years of age, who had been in bad health for two years. Presented by Dr Hay. G. C. 1422.

1537. XXIX. A. Scirrhous thickening extending along the whole of the small arch of the stomach. The patient died of scirrhous contraction and disease of the rectum. B. C. xiii. 3. M. 15. W. C. v. 39.

1538. XXIX. A. Portion of the same stomach. The scirrhous thickening appears to have its seat principally in the muscular coat. B. C. xiii. 3. M. 17. W. C. v. 40.

1539. XXIX. A. The whole of the stomach affected with scirrhous thickening. B. C. xiii. 3. M. 6.

1540. XXIX. A. Scirrhous stomach, with hypertrophy of the coats, and a large fungating tumour from its inner surface. From a man aged 40, who for five months had pain in the region of the stomach, with nausea and vomiting of fluid resembling chocolate grounds. B. C. xiii. 3. M. 5. a.

1541. XXIX. A. Cancerous stomach, of which the smaller arch is obliterated by the approximation of the orifices. From a woman 50 years of age. G. C. 953.

1542. XXIX. A. Portion of a stomach affected with scirrhus. Presented by Dr Abercrombie. G. C. 876.

1543. XXIX. A. Portions of a scirrhous stomach, showing great thickening of the inner, and scirrhus of the muscular coat, from a patient who died after being tapped for dropsy. The specimen shews the gradual transition from the healthy to the diseased state. A similar disease existed in the colon. Presented by Professor Turner. G. C. 243.

1544. XXIX. A. Portion of a cancerous stomach. The coats thickened, with fungating ulceration of the inner.

1544. *a*. XXIX. A. Cancer affecting a large portion of the stomach, the internal surface of which is covered with fungating ulcerations.

1545. XXIX. A. Cancer of a portion of the stomach chiefly affecting the mucous coat, which is in a fungating state. Dr Cullen, Paris. G. C. 525.

1546. XXIX. A. Cancer of the cardiac orifice of the stomach. Presented by William Brown, Esq. G. C. 828.

1547. XXIX. A. Diseased stomach, presenting two small fimbriated excrescences from the mucous coat, Presented by Dr Allen Thomson. G. C. 1444.

1548. XXIX. A. Scirrhous stomach. The mucous coat much thickened and spongy; the muscular coat also thickened, and exhibiting the scirrhous texture; a fungating ulcer near the pylorus. Presented by Professor Thomson. G. C. 1445.

1549. XXIX. A. Carcinomatous affection of the pylorus and pyloric extremity of the stomach, the mucous coat having assumed the cerebriform, the muscular the scirrhous structure Dr Cullen, Paris. G. C. 610.

1550. XXIX. A. Cancerous thickening of the stomach of a person advanced in life. The cardiac and pyloric orifices much changed in their structure. The patient died of scirrhous disease of the prostate gland. B. C. xiii. 3. M. 9. W. C. v. 33.

1550. *a.* XXIX. A. Scirrhous thickening of the stomach, with extensive ulceration of its inner surface. Presented by Dr W. Thomson. G. C. 1573.

1551. XXIX. A. Cancer of the pylorus and coats of the stomach. Presented by Professor Thomson. G. C. 479.

1552. XXIX. A. Portion of intestine from the same subject, exhibiting a similar change of structure in the muscular and mucous coats. Presented by Professor Thomson. G. C. 479. a.

1553. XXIX. A. Scirrhus of both orifices of the stomach, and stretching along the smaller curvature, in which latter situation a small deep ulcer is seen. The lower part of the œsophagus is dilated, and its mucous membrane raised by some small carcinomatous tubercles. Similar tubercles are seen beneath the mucous membrane of the stomach at several parts. The patient, a man aged fifty, had severe dyspeptic symptoms six or seven months before death, which were afterwards replaced by diarrhœa. The matter passed was of a black colour, and a large quantity of it was found in the stomach on dissection. Presented by Dr W. Thomson and Dr J. Simpson. G. C. 1564.

1554. XXIX. A. Scirrhous tumour extending along the smaller curvature, from near the cardiac to near the pyloric orifice of the stomach; the mucous and muscular coats of which are greatly thickened. Presented by Mr Macfarlane. G. C. 1189

1555. XXIX. A. Strictured stomach, contracted pylorus, strictured colon, and scirrhous rectum. From a man twenty-seven years of age. G. C. 955.

1556. XXIX. A. Stomach contracted in the middle, and adhering to the liver and pancreas; the pyloric orifice nearly obliterated. G. C. 954.

1557. XXIX. B. Soft cancer of the stomach near the pylorus. The muscular and submucous coats are greatly thickened. Dr Cullen, Paris. G. C. 609.

1558. XXIX. B. Soft cancer of the stomach in and near its cardiac orifice. From a man fifty-five years of age. Presented by William Brown, Esq. G. C. 710.

1559. XXIX. B. Scirrhus of the pylorus; the inner membrane of the stomach also affected. B. C. xiii. 3. M. 16. W. C. v. 43.

1560. XXIX. B. Stricture of the pylorus from scirrhus. The patient died of diarrhœa. B. C. xiii. 3. M. 20. W. C. v. 45.

1561. XXIX. B. Cancerous thickening and ulceration are seen extending along the small arch of the stomach. Many lymphatic glands are enlarged. B. C. xiii. 3. M. 21. W. C. v. 41.

1562. XXIX. B. Cancerous tumour of the pyloric extremity of the stomach. B. C. xiii. 3. M. 22.

1563. XXIX. B. Cancerous tumour of the pyloric extremity of the stomach.

1564. XXIX. B. Scirrhous tumour near the pylorus, with disease of the inner membrane of the stomach. Presented by Professor Turner. G. C. 246.

1565. XXIX. B. Scirrhous pylorus; the mucous membrane thickened and spongy. G. C. 245.

1565. *a*. XXIX. B. Cancerous ulcer of the pylorus, from a patient aged 47, who for nine months was completely dyspeptic. Presented by Dr A. D. Maclagan. G. C. 1579.

2. Diseases of the Pancreas.

1566. XXIX. B. Scirrhous enlargement of the pancreas, followed by ulceration of the duodenum. Presented by Dr Moir. G. C. 1094.

1567. XXIX. B. A portion of the pancreas affected with scirrhus. It has contracted adhesions to the neighbouring lymphatic glands, and has pressed on the aorta, which is contracted and partially ossified. Dr Cullen, Paris. G. C. 606.

1567. *a*. XXIX. B. Scirrhous pancreas. It gave rise, in all probability, to a series of dyspeptic symptoms, with which the patient was afflicted. Presented by David Kay, Esq. G. C. 813.

1568. XXIX. B. Abscess in the pancreas, of which the tissue is destroyed. Presented by Dr Patrick Newbigging. G. C. 1572.

SECTION IV. DISEASES OF THE INTESTINES.

1. Diseases of the Small Intestine :—

Inflammation, Ulceration, Scirrhus, Contraction, &c.

1569. XXIX. B. Intestines and mesentery covered with coagulable lymph, the effect of enteritis. B. C. xiii. 4. M. 1. W. C. x. 26.

1570. XXIX. B. Inflammation and adhesion of the intestines, from a gin-drinking old woman. B. C. xiii. 4. M. 2.

1571. XXIX. B. Adhesion between two portions of intestine, the effect of former inflammation. B. C. xiii. 4. M. 3. W. C. x. 27.

1572. XXIX. B. Adhesion between the intestine and peritoneum about four inches in length. No other morbid appearance was observed in the abdomen of this patient. Presented by Professor Turner. G. C. 46.

1573. XXIX. B. A piece of intestine having on the sur-

face some shreds of coagulable lymph, and under its peritoneal coat numerous tubercles composed of a substance like scrofulous matter. The patient was scrofulous. B. C. xiii. 4. M. 9. W. C. x. 34.

1574. XXIX. B. A piece of intestine from a child, similar to the last preparation, but with more adhesions, and larger shreds of coagulable lymph. B. C. xiii. 4. M. 10. W. C. x. 35.

1575. XXIX. B. Part of the ileum of a young boy, whom Dr Baillie did not think dangerously ill till a few hours before death. His last stools were mixed with pus. The inner membrane is rough, with numerous tubercular excrescences, resembling those on the intestines of persons who have died of camp dysentery. B. C. xiii. 4. M. 13. W. C. x. 45.

1576. XXIX. B. Chronic inflammation of the intestines after the operation of hernia, which gradually killed the patient. B. C. xiii. 4. M. 5.

1577. XXIX. B. Slight ulcerations on the mucous coat of the lower part of the ileum of a young man, who, when recovering of typhus fever, was attacked with a disease of the bowels, and died three days after. B. C. xiii. 4. M. 7. W. C. x. 52.

1578. XXIX. B. Part of the ileum of a woman who died of cholera, in the stage of reaction, at Fountainbridge Hospital. When recent it was so highly vascular as to look like scarlet cloth. From the same person as No. 1519. The specimen is also remarkable for a digitiform diverticulum. Presented by Dr Scott. G. C. 1446.

1579. XXIX. B. Portion of intestine from the body of a woman who died of ascites, exhibiting an appearance not uncommon in that disease. B. C. xiii. 4. M. 4.

1580. XXIX. B. Portion of jejunum inverted, shewing ulceration of a cluster of glandulæ aggregatæ. B. C. xiii. 4. M. 6. W. C. x. 28.

1581. XXIX. B. Ulceration of a portion of intestine, accompanied with scirrhous thickening and hardness. B. C. xiii. 4. M. 11. W. C. x. 36.

1582. XXIX. B. Portion of intestine injected with coarse injection, shewing several ulcers with thickened edges. B. C. xiii. 4. M. 14.

1583. XXIX. C. Portion of small intestine slit open, shewing several ulcers with thickened edges. The patient was of a scrofulous habit. B. C. xiii. 4. 12. W. C. x. 33.

1584. XXIX. C. Specimen of ulceration affecting the inner surface of part of the ileum, and extending round the whole of the inner circumference of the gut. Some thickening of the coats of the intestine has also taken place. B. C. xiii. 4. M. 15. W. C. x. 29.

1585. XXIX. C. Portion of small intestine, shewing two circular ulcers with elevated margins. Presented by Professor Thomson. G. C. 573.

1586. XXIX. C. Portion of ileum affected with scrofulous ulceration. Army Medical Board. G. C. 674.

1587. XXIX. C. Portion of ileum affected with ulceration, in a case of dysentery. G. C. 244.

1588. XXIX. C. Intestine extensively affected with ulceration. Presented by Professor Thomson. G. C. 572.

1589. XXIX. C. Ulcerated intestine. Presented by Professor Thomson. G. C. 572. a.

1590. XXIX. C. Ulceration of the internal coat of the lower part of the jejunum. From a young person, who died with dysenteric symptoms. B. C. xiii. 4. M. 16. W. C. x. 30.

1591. XXIX. C. Lower part of the ileum and beginning

of the great intestine injected. The small ulcers seem to have affected the glandulæ solitariæ, the large ones the glandulæ aggregatæ. B. C. xiii. 4. M. 17. W. C. x. 32.

1592. XXIX. C. Portion of jejunum, shewing on the mucous surface two ulcers with ragged edges, and on the peritoneal several lacteals running from the ulcers, and filled with white scrofulous matter. From a tall stout man about 40 years of age. B. C. xiii. 4. M. 20. W. C. x. 53.

1593. XXIX. C. Part of the small intestine of the same person. A very extensive ragged ulcer is seen on the inner surface, the absorbent vessels from which are filled with white scrofulous matter, and the nearest glands are enlarged and filled with similar matter. Most of the absorbent glands in the body were in a scrofulous state. B. C. xiii. 4. M. 19. W. C. 54.

1594. XXIX. C. Portion of duodenum from the same person. It is ulcerated on the inner surface, and on the outer are seen several absorbents filled with white matter. B. C. xiii. 4. M. 21. W. C. 55.

1595. XXIX. C. Portion of the upper part of the ileum of the same person inverted. Several ulcers are seen on its mucous membrane, and the absorbents were full of white matter. B. C. xiii. 4. M. 18. W. C. x. 56.

1596. XXIX. C. Mesentery of the same person, shewing the absorbent glands enlarged and filled with scrofulous matter. B. C. xiii. 4. M. 26. W. C. x. 58.

1597. XXIX. C. A great number of absorbents on the jejunum filled with solid white matter. The intestines were ulcerated in many points. B. C. xiii. 4. M. 8.

1598. XXIX. C. Portion of the small intestine from a girl aged eight, who died of diarrhœa. An ulcer connected with the mesenteric glands has perforated the coats of the intestine. Dr Cullen. Paris. G. C. 529.

1599. XXIX. c. Scrofulous enlarged mesenteric glands of a child which died of tabes. B. C. xiii. 4. M. 22.

1600. XXIX. c. Mesenteric glands enlarged and changed into a white scrofulous mass. B. C. xiii. 4. M. 23. W. C. x. 38.

1601. XXIX. c. Mesenteric gland containing a considerable quantity of earthy matter. B. C. xiii. 4. M. 25. W. C. x. 37.

1602. XXIX. c. Portion of small intestine, shewing absorbents filled with white scrofulous matter. Presented by Alexander Watson, Esq. From the same patient as No. 1366.

1603. XXIX. c. Tuberculated and ulcerated intestine. Presented by Professor Thomson. G. C. 594.

1604. XXIX. c. Tuberculated and ulcerated intestine. The same as the last. Some absorbents are seen filled with white matter. Presented by Professor Thomson. G. C. 594.

1605. XXIX. c. Tuberculated and ulcerated intestine. From the same case. Presented by Professor Thomson. G. C. 594. a.

1606. XXIX. c. Large ragged ulcers on the mucous membrane of the intestine. Presented by William Brown, Esq. G. C. 649.

1607. XXIX. c. Ulceration of the mucous membrane of the small intestine of a child. Presented by Dr Abercrombie. G. C. 871.

1608. XXIX. c. Portion of intestine of a patient who died in the Edinburgh Infirmary with symptoms of enteritis. Extensive effusion of lymph had taken place, and ulcerations were found in several places. Presented by Dr Forbes. G. C. 44.

1609. XXIX. c. Ulcerations on the ileum and cœcum. Shreds of membranous sloughs came away with the stools of this patient. B. C. xiii. 4. M. 43. W. C. z. 5.

1610. XXIX. c. A large slough, apparently the inner membrane of the intestine, which came away by stool from a patient who had dysentery, and who yet recovered. B. C. xiii. 4. M. 44. W. C. z. 6.

1611. XXIX. D. Ulceration with stricture of the intestine. Presented by Professor Thomson. G. C. 169.

1612. XXIX. D. Ulceration of the intestine in a case of fever. In one place all the coats are perforated. Presented by R. Hamilton, Esq. G. C. 1232.

1613. XXIX. D. Thickened and ulcerated intestine. Presented by Dr Knox. G. C. 687.

1614. XXIX. D. Sac containing about two pounds of transparent yellowish fluid, attached chiefly to the ileum near its junction with the caput cœcum coli. Presented by W. Newbigging, Esq. G. C. 1081.

1615. XXIX. D. Portion of small intestine affected with scirrhus at the line of union with the mesentery. Carcinomatous tubercles are seen in the muscular and submucous coats. Paris. Dr Cullen. G. C. 527.

1616. XXIX. D. Portion of intestine from the same subject, similarly affected. Paris. Dr Cullen. G. C. 528.

1617. XXIX. D. Portion of the duodenum and jejunum becoming scirrhous. From a lady whose omentum was also scirrhous. B. C. xiii. 3. M. 26.

1618. XXIX. D. Portions of intestine of which the coats are thickened and tuberculated, of a cerebriform texture. From a patient who died in the Edinburgh Infirmary, the greater part of whose intestines and omentum were affected with similar disease. Presented by Professor Turner. G. C. 47.

1619. XXIX. D. Another portion of intestine, from the same patient. Presented by Professor Turner. G. C. 47. a.

1620. XXIX. D. Specimen of spasmodic contraction of the small intestine. From a child about three years old, who had obstinate constipation for nine days. Presented by Dr John Campbell. G. C. 729.

1621. XXIX. D. Another portion of intestine, from the same case, laid open. Presented by Dr John Campbell. G. C. 729. a.

1622. XXIX. D. Specimen of spontaneous rupture of the small intestine, with effusion on the peritoneal surface. There was extensive inflammation, and the patient died very suddenly. Presented by Dr Robert Hamilton. G. C. 780.

1623. XXIX. D. Small intestine having a cul-de-sac. From the body of a person in which no other morbid appearance was observed. Presented by Dr Forbes. G. C. 45.

1624. XXIX. D. Specimen of diverticulum of the small intestine, with the arteries and veins injected. B. C. xiii. 4. M. i. 14.

1625. XXIX. D. Diverticulum of the small intestine. Presented by Dr Abercrombie. G. C. 884.

1626. XXIX. D. Diverticulum of the small intestine. Presented by Dr R. Hamilton. G. C. 782.

1626. *a.* XXIX. D. Diverticulum of the small intestine.

1627. XXIX. D. Portion of small intestine, in a case which had been operated on for strangulated hernia, followed by artificial anus. See Monro's Morbid Anat. of Gullet, Stomach and Intestines, p. 176. Presented by Sir George Ballingall. G. C. 805.

2. Diseases of the Large Intestine.

a. *Colon.*

1628. XXIX. D. Ulceration of the inner surface of the caput coli and insertion of the ileum, in a case of dysentery. From the same person as No. 1588. G. C. 247.

1629. XXIX. D. Caput cœcum of an old man who died of dysentery. The mucous membrane of the commencement of the colon is abraded, and substituted by fungous granulations; the other coats are much thickened. Dr Cullen. Paris. G. C. 617.

1630. XXIX. D. Head of the colon ulcerated and scirrhous. The coats were in some places as hard as cartilage. The patient, a young man, had also tubercles in the lungs. He complained principally of pain at the pit of the stomach. B. C. xiii. 4. M. 39. W. C. z. 13.

1631. XXIX. D. Portion of the colon and cœcum exhibiting ulceration and thickening. The mucous membrane is abraded and floating in shreds. Army Medical Board. G. C. 577.

1632. XXIX. D. Ulceration of the inner membrane of the cœcum of a woman who died of phthisis, during the last period of which she laboured under severe diarrhœa. Nearly the whole of the mucous membrane has been removed, and the submucous coat, which in general is thickened, has disappeared in some places. Paris. G. C. 521.

1633. XXIX. D. Appendix cœci thickened, and ulcerated towards the bottom, which was full of pus. The patient, a young man, had been ill only four or five days. The liver was also diseased. See B. C. xiii. 5. M. 31. B. C. xiii. 4. M. 40. W. C. z. 2.

1634. XXIX. D. Lower part of the ileum, the cœcum, the appendix vermiformis, and beginning of the colon, inverted. The inner membrane ulcerated. From a patient who died of typhus fever. B. C. xiii. 4. M. 37. W. C. z. 11.

1635. XXIX. D. Part of the colon of the same person inverted, exhibiting numerous ulcerations. B. C. xiii. 4. M. 38. W. C. z. 12.

1636. XXIX. D. Part of the great intestine of a child from whom the preparation marked No. 1576. was taken. It contained some pus, and was highly inflamed. B. C. xiii. 4. M. 41. W. C. z. 4.

1637. XXIX. D. Extensive ulceration of the cœcum and colon, extending from the commencement of the great intestine to the transverse arch of the colon. An abscess in the liver opened into the gut, and another in the psoas muscle communicated with it somewhat lower. B. C. xiii. 4. M. 42. W. C. z. 4.

1638. XXIX. D. Portion of colon exhibiting ulceration of its inner and submucous coats. Army Medical Board. G. C. 675.

1639. XXIX. D. Part of the colon of a man affected with diarrhœa senilis. It is ulcerated in many places, and shews the ulcers in various stages. Paris. Dr Cullen. G. C. 615.

1640. XXIX. E. Ulcerated intestine. From Edinburgh Infirmary. G. C. 648. a.

1641. XXIX. E. Portion of colon ulcerated. From Edinburgh Infirmary. G. C. 648. b.

1642. XXIX. E. Ulcerated intestine. Presented by Mr Brown. G. C. 649. a.

1643. XXIX. E. Part of the colon of a man who died after continued fever. The mucous membrane presented numer-

ous minute dots, caused by effusion of lymph in the cellular tissue under the lining coat of the follicles. Dr Cullen. Paris. G. C. 614.

1644. XXIX. E. Another portion of the same colon, in which the mouths of the follicles are very distinctly seen, and afford a very satisfactory explanation of the tubercular appearance. Dr Cullen. Paris. G. C. 616.

1645. XXIX. E. Cœcum with part of the colon, in which are two openings which communicated with a psoas abscess. B. C. xiii. 4. M. 45. W. C. z. 7.

1646. XXIX. E. Ulceration of the head of the colon. The inner membrane almost entirely destroyed.

1646. *a.* XXIX. E. Ulcerations of the mucous membrane of the colon. Presented by Dr Gairdner.

1647. XXIX. E. A portion of the colon exhibiting numerous small indentations. Army Medical Board. G. C. 676.

1648. XXIX. E. Stricture of the lower part of the colon arising from scirrhus, and accompanied with ulceration. B. C. xiii. 4. M. 36. W. C. z. 10.

1649. XXIX. E. Cancerous ulcer on the sigmoid flexure of the colon. Presented by Dr Robert Hamilton. G. C. 1051.

1650. XXIX. E. Stricture of the sigmoid flexure of the colon. B. C. xiii. 4. M. 51. a.

1650. *a.* XXIX. E. Stricture of the colon, apparently originating in the irritation caused by the bone of a fish. Presented by Dr Fairbairn. G. C. 1447.

1650. *b.* XXIX. E. Small bone of a fish which was found sticking in the coats of the intestine at the strictured part. Presented by Dr Fairbairn. G. C. 1448.

1651. XXIX. E. Strictured colon of a young man. The dilatation above the contracted part was enormous. Presented by W. Young, Esq. G. C. 926.

1651. *a.* XXIX. E. Strictured colon, with extensive dilatation. Presented by Sir George Ballingall. G. C. 1241.

1652. XXIX. E. Part of the colon contracted, from a young woman who died with all the symptoms of cholica pictonum, arising from the continued application of a dressing containing white oxide of lead, for the cure of sores on the leg. Presented by Dr Hunter. G. C. 911.

1653. XXIX. E. Stricture of the colon. G. C. 1014.

1654. XXIX. E. Part of the colon affected with scirrhus and stricture. Presented by Professor Thomson. G. C. 170.

1655. XXIX. E. Scirrhus of the colon. The intestine is slit open, and suspended by the sound portion, so that the gradual degeneration into the diseased mass may be traced. Presented by Mr Monteith. G. C. 48.

1656. XXIX. E. Scirrhous and contracted colon. The patient was tapped for dropsy, and died after the operation. Edinburgh Infirmary. From the same case as No. 1543. G. C. 242.

b. *Rectum.*

1657. XXIX. F. Stricture of the rectum, with recto-vaginal fistula, the gut thickened and ulcerated. The disease had existed seventeen years. Presented by Dr John Campbell. G. C. 1301.

1658. XXIX. F. Rectum with ulcerated stricture, about 4 inches from its extremity. The patient had also a tuberculated liver. Presented by Professors Thomson and Turner. G. C. 1233.

1659. XXIX. F. Scirrhous contraction of the rectum. B. C. xiii. 4. M. 53.

1659. *a.* XXIX. F. Contraction with great thickening of the coats of the rectum. Presented by Dr Knox. G. C. 1234.

1660. XXIX. F. Stricture of the rectum, with recto-vesical fistula. The patient died of peritonitis, induced by the contents of the rectum and bladder escaping into the abdomen. B. C. xiii. 4. M. 46. W. C. z. 8.

1661. XXIX. F. Rectum of a child two years old, who was born with a closed anus, which was perforated by a surgeon. An enormous enlargement of the rectum and colon has taken place, measuring fifteen inches in circumference, while the opening at the anus was only sufficient to admit a small bougie. B. C. xiii. 4. M. 47. W. C. z. 9.

1662. XXIX. F. Stricture of the rectum with an irregularity round it, which makes it sometimes be described as carcinomatous. B. C. xiii. 4. M. 51.

1663. XXIX. F. Stricture of the extremity of the rectum, from a patient who died of irritation of the bladder. A portion of skin is cut through so as to expose a pile. B. C. xiii. 4. M. 49.

1664. XXIX. F. Stricture of the rectum. The lower mesenteric vein is injected to shew the structure and formation of piles. Two fistulæ are seen, one communicating with Cowper's glands, another which opened between the two sphincters. B. C. xiii. 4. M. 50.

1665. XXIX. F. Stricture of the verge of the anus. A number of small warty tumours seen within the rectum. B. C. xiii. 4. M. 52.

1666. XXIX. F. Rectum of a child three years of age, exhibiting ulceration of its coats. The lungs of this patient were deeply tuberculated. See No. 1388. Presented by Dr Begbie. G. C. 933.

1666. *a.* XXIX. F. Scirrhous rectum. Presented by Benjamin Bell, Esq. G. C. 1190.

1667. XXIX. F. Tumour of the nature of fungus hæmatodes projecting into the rectum. The surface of the vagina is covered with similar tumours. The upper part of it and the os uteri are so much affected, that there was a complete stricture of the rectum, formed by pressure. B. C. xiii. 4. M. 54.

1668. XXIX. F. Scirrhous rectum and enlarged ovaria, from a woman aged thirty, who died in the Edinburgh Infirmary. G. C. 942.

1669. XXIX. F. Stricture of the rectum of a woman upwards of 80 years of age, who had diarrhœa for many months. The rectum is completely scirrhous, and the uterus was in the same state. G. C. 979.

3. DISEASES OF THE PERITONEUM, MESENTERY, AND OMENTUM.

1670. XXIX. G. Peritoneum affected with tubercles. Presented by Alexander Watson, Esq. G. C. 665.

1671. XXIX. G. Peritoneum with tubercles and effusion of lymph. Presented by Alexander Watson, Esq. G. C. 1044.

1672. XXIX. G. Mesentery of a lady whose jejunum and uterus were scirrhous. It adheres to the great arch of the stomach. For some weeks previous to her death, the stomach almost immediately rejected all food. B. C. xiii. 4. M. 33. W. C. x. 48.

1673. XXIX. G. Part of the mesentery of an adult man who died in St George's Hospital. The glands are enlarged and scrofulous. B. C. xiii. 4. M. 27. W. C. x. 50.

1674. XXIX. G. Mesenteric glands cancerous, from a patient whose testicle was extirpated by Sir Everard Home. See XV. 1. M. 18. B. C. xiii. 4. M. 30. W. C. x. 40.

1675. XXIX. G. Part of a mass of cancerous absorbent glands belonging to the mesentery. The stomach of this person was in a state of active cancer when he died. B. C. xiii. 4. M. 32. W. C. x. 43.

1676. XXIX. G. Mass of diseased mesenteric glands resembling fungus hæmatodes. Presented by Dr Kellie. G. C. 758.

1677. XXIX. G. Part of the omentum converted into a solid tubercular mass. The whole of the mesentery was in the same state. From a young married woman who had ascites. B. C. 4. M. 29. W. C. x. 41.

1678. XXIX. G. A large tumour of a cancerous nature attached to the omentum. One half of it has ulcerated. B. C. xiii. 4. M. 35. W. C. x. 44.

1678. *a.* XXIX. G. Omentum with the adipose deposition condensed, and assuming the appearance of small tumours. G. C. 39.

1678. *b.* XXIX. G. An unusually large appendix epiploica. G. C. 37.

1679. XXIX. G. A mesenteric gland containing a quantity of fatty matter in cells, probably cancerous. B. C. xiii. 4. M. 31. W. C. 42.

1680. XXIX. G. Large needle found in the omentum of a body brought into the dissecting room. B. C. xiii. 4. M. 28. W. C. x. 61.

4. Intussusception.

1681. XXIX. G. Retroversion of the rectum of a child. Presented by the Edinb. Anatomical Society. G. C. 1449.

1682. XXIX. G. Specimen of that kind of intussusception which takes place in children, when their bowels are excessively irritated. B. C. xiii. 4. M. i. 1.

1682. *a.* XXIX. G. Another specimen of the same disease. B. C. xiii. 4.

1682. *b.* XXIX. G. Intussusception in a child. Presented by Mr Rae. G. C. 1583.

1683. XXIX. G. Intussusception in a child. G. C. 167. a.

1684. XXIX. G. Specimen of intussusception in the adult, which is attended with inflammation and fatal obstruction. The part forming the sheath is opened. B. C. xiii. 4. M. i. 3.

1685. XXIX. G. Intussusception of the caput coli and ileum. Between the peritonæal surfaces of the inverted colon and the ileum included in it, a convolution of intestine had passed into the aperture where the intussusception commenced. At this aperture the peritonæal surfaces adhered to each other, and the included parts were strangulated. Presented by Professors Thomson and Turner. G. C. 42.

1686. XXIX. G. Intussusception of the head of the colon. Presented by Professor Thomson. G. C. 41.

1687. XXIX. G. Specimen of intussusception; the vaginating portion slit open. B. C. xiii. 4. M. i. 13.

1688. XXIX. G. Intussusception of a large portion of intestine. Presented by Dr Hamilton. G. C. 470.

1689. XXIX. G. Specimen of intussusception. A large portion of the ileum is invaginated in the colon, which is laid open. The included part was strangulated, and a sphacelated portion hangs from its lower extremity. The patient presented all the symptoms of iliac passion. B. C. xiii. 4. M. i. 5.

1690. Table V. Model of the intestine. The portion of the ileum entering the intussusception is dark, with obstruction and inflammation. The including portion is pale, but some portions of it, and especially the appendices epiploicæ, are gangrened and black. B. C. xiii. 4. M. i. 6.

1691. Table V. Model of the same intestine, where the included portion is opened. The inner coat is accumulated in

singular rugæ, which consist of the valvulæ conniventes distended by infiltration into the cellular coat. The included portion has in fact suffered strangulation, and is gorged and inflamed. B. C. xiii. 4. M. i. 7.

1692. Three drawings illustrative of the same case. B. C. xiii. 4. M. i. 10, 11, 12.

1693. XXIX. E. A sailor fell down the main-hatchway. and struck his epigastrium on a projecting part. In consequence of this there arose great inflammation, obstinate constipation, and intense suffering, Swelling with hardness having taken place over the pit of the stomach, an abscess at length formed, which burst and was followed by sloughing, which made way for the discharge of the fæces. He was ultimately restored to comparative health, but suffered much misery while discharging the fæces, at which time a portion of the intestine was everted and protruded. B. C. xiii. 4. M. i. 9.

1693. *a*. XXIX. G. Artificial anus. Presented by Dr Molison. G. C. 685.

1694. XXIX. G. Exudation of coagulable lymph from the mucous surface of inflamed intestine, which is sometimes erroneously considered as a portion of intestine passed by stool.

1695. XXIX. G. A portion of intestine three feet in length, which was discharged by stool. B. C. xiii. 4. M. i. 4.

1696. XXIX. G. Portion of intestine, apparently of the ileum, passed by a woman 40 years of age, who ultimately regained her health in a considerable degree. Presented by Mr Cunningham, Tranent. G. C. 692.

1697. Table V. Model of a case of strangulation produced by a strong adhesion which the omentum had formed to a part of the mesentery, thus including between them a portion of the ileon, so as to compress it, and totally prevent the descent of the contents of the intestines. B. C. xiii. 4. M. i. 8.

5. Hernia.

a. *Casts, Models, and Dried Preparations.*

1698. XXX. D. Cast exhibiting the external appearance of a femoral hernia of large size.

1699. XXX. D. Cast exhibiting the external appearance of a femoral hernia of large size.

1700. XXX. C. Cast of crural hernia, taken after death from the body of a woman aged 85. The operation had been successfully performed several months previous to her death, but having removed the truss, the intestine again descended, and was with difficulty returned. She died a few days after, apparently from extreme feebleness. Presented by Dr Patrick Newbigging. G. C.

1701. XXX. C. Cast of inguinal hernia of the left side, exhibiting the external appearance. B. C. xiii. 4. M. H. 10.

1701. *a*. XXX. C. Cast of inguinal hernia of the right side, similar to the last. Presented by Professor Thomson.

1702. XXX. C. Cast of inguinal hernia of the left side, a little lower than the two preceding.

1703. XXX. C. Cast of inguinal hernia of the right side, so large that, on a superficial view, the surgeon might be apt to take it for a femoral hernia. B. C. xiii. 4. M. H. 11.

1704. XXX. C. Model exhibiting the external appearance of a double inguinal hernia, of the variety first denominated Ventro-inguinal hernia by Professor Thomson, the epigastric artery lying to the outside of the neck of the sac. Presented by Professor Thomson.

1705. XXX. C. Dry preparation of the hernial sacs in the same case as the last. Presented by Professor Thomson.

1706. XXX. c. Cast illustrative of the descent of the intestine in inguinal hernia.

1707. XXX. c. Irreducible inguino-labial hernia, from a woman 39 years of age, who died in a Cholera Hospital in Edinburgh. The tumour, which had existed for seven years, during which time she had worked as a servant, contained the whole intestines, excepting a small portion of their upper part connecting the stomach with the hernial tumour. Death seems to have been occasioned by inflammation of the small intestines contained in the hernial sac, from obstruction at the caput coli. Presented by Alexander Watson, Esq.

1708. XXX. c. Cast of the above hernia.

1709. XXX. d. Combination of inguinal and femoral hernia. The gentleman from whom this model was taken lived thirty miles from London. He felt a tumour in the groin on Saturday morning, came to town in a coach on Sunday, conceiving he had a bubo, and died on Tuesday, one of the surgeons having seen no occasion for operation. Under the inguinal hernia was concealed a small portion of intestine strangulated by the femoral ligament. Bell's Surg. Observ. vol. i. p. 187. B. C. xiii. 4. m. h. 4.

1710. XXX. d. Cast of the viscera of the abdomen, representing their condition when inflamed from strangulation of the intestine. The patient refused surgical aid, and died. A portion of the ileon is included in a scrotal hernia; the omentum has also descended into the sac, and is in a high state of gangrene at the lower portion near the stricture. The intestine here is not the colon, although, from its great size owing to distention and subsequent inflammation, it might be at first taken for it. B. C. xiii. 4. m. h. 1.

1711. XXX. d. Model shewing the obliquity of the sac of a scrotal hernia, the condition of the external abdominal ring when the hernia has been of long standing, the fascia prolonged from the obliquus externus, and the spreading of the fibres of the cremaster muscle over the sac. B. C. xiii. m. h. 6.

1712. XXX. D. Cast of the viscera of the abdomen from a man who died of inflammation of the intestines, in consequence of a blow. He had a congenital hernia, which was bruised by his coming violently against a post. Death ensued in three days. The whole surface of the peritoneum is inflamed. The omentum is of a greenish colour, its veins dark and turgid. B. C. xiii. 4. M. H. 2.

1713. Table VII. Cast of the abdomen of a person who died after the operation for hernia. On dissection, the portion of intestine which had been down in the herniary sac was seen lying within the abdomen mortified and black, the rest of the intestines exhibited considerable symptoms of inflammation. They were empty, and presented a marked contrast with the state of the parts in xiii. 4. M. H. 1. B. C. xiii. 4. M. H. 3.

1714. XXX. E. Cast of a dissection of a case of scrotal hernia, which illustrates much of the anatomy of hernia. B. C. xiii. 4. M. H. 4.

1715. XXX. E. Model shewing the appearance presented in the operation on Grace Glover, whose case is related in Bell's Surg. Observ. p. 198. She had femoral hernia, with stercoraceous vomiting for ten days, and was reduced to a state of insensibility, and yet was saved by the operation. B. C. 4. M. H. 5.

1716. XXX. E. Model representing the dissection of the parts engaged in hernia. *a*, The colon, at the sigmoid flexure; *b*, the portion of intestine engaged in the herniary sac; *c*, the peritoneum dissected off the inside of the abdominal muscles, and laid down upon the intestines; *d*, *d*, the herniary sac; *e*, *e*, the rectus abdominis laid open; *f*, the epigastric artery, rising upon the inside of the herniary sac. Sometimes the hernia comes down directly through the abdominal ring, when the artery is on the inside. B. C. xiii. M. H. 7.

1717. XXX. E. Portion of the intestine preserved in spirits with the sac. This was a case of femoral hernia in a man. The sac was supposed to have been opened, and the gut re-

duced; but, on dissection, it was discovered that both had been reduced. B. C. xiii. 4. M. H. 8.

1718. Table V. Model of the last preparation, representing the colours of the intestine, and the portion of the sac that caused the strangulation. It is worthy of particular notice, that only a knuckle of intestine, not exceeding one half the breadth of the canal, was included within the stricture. B. C. xiii. 4. M. H. 9.

1719. XXX. E. Cast of oblique inguinal hernia. The site of the external ring is well marked. Presented by Professor Thomson.

1720. XXX. E. Cast of oblique inguinal hernia with hydrocele. Presented by Professor Thomson.

1721. XXX. E. Cast of scrotal hernia.

1722. XXX. E. Cast of congenital hernia in a child. B. C. xiii. 4. M. H. 12.

1723. XXX. E. Preparation of hernia dried. In this case the intestine and sac were forced through the spermatic passage in a manner to split the cord, and accordingly to separate the vas deferens from the bloodvessels of the cord. B. C. xiii. 4. M. H. 26.

1724. XXX. E. Injected and dried preparation of the section of the pelvis and upper part of the thigh, illustrating the anatomy of the parts concerned in inguinal and femoral hernia. There is seen a slight tendency to hernial protrusion at the external inguinal ring, where there is a deficiency of the transverse fibres. This is the *original* preparation made by Mr Allan Burns to shew the crescentic arch. See it figured and described in the Edinb. Med. and Surg. Journal. Presented by Professor Thomson.

1725. XXX. E. A dried preparation of a case of inguinal hernia. There are two imperfect septa seen projecting across

the cavity of the sac. The highest of these two septa is situated at the internal inguinal ring. Presented by Professor Thomson.

1726. XXX. E. Injected preparation of a case of ventro-inguinal hernia. The epigastric is seen running on the outer or iliac side of the neck of the sac. This patient sunk under suppuration and mortification of the herniary sac. Presented by Professor Thomson.

1727. XXX. E. A dried injected preparation of a large congenital inguinal hernia, shewing the parts constituting the spermatic cord separated to some distance from one another as they run over the surface of the herniary sac, and the internal and external inguinal aperture so enlarged as almost to be placed opposite to one another, and thus constitute a nearly direct, instead of an oblique, canal. Presented by Professor Thomson.

1728. XXX. E. Injected and dried preparation of an incipient ventro-inguinal sac. Presented by Professor Thomson.

1729. XXX. E. A dried vascular preparation of a case of ventro-inguinal hernia. The sac of the hernia is about the size of a walnut. The epigastric artery is seen running on the outside of the neck of the sac. Presented by Professor Thomson.

1730. XXX. E. Dried preparation of a small femoral hernia. Presented by Professor Thomson.

1731. XXX. E. Preparation of a congenital inguinal hernia of the right side. Presented by Professor Thomson.

1732. XXX. E. Vascular dried preparation from a case where an inguinal and femoral hernia co-existed on the same side (the right). The inguinal herniary sac is large and of an oblong shape, the femoral small and of a rounded or spherical form. The largeness of the neck of the sac of the inguinal hernia in this case contrasts much with the smallness of that of the femoral. Presented by Professor Thomson.

1733. XXX. E. Dried preparation of the sac of a scrotal hernia.

1734. XXX. E. Dried preparation of the sac of an inguinal hernia. The vessels of the spermatic cord are injected and seen running, separated from the vas deferens, over the surface of the sac. Presented by Professor Thomson.

b. *Preparations in Spirits.*

1735. XXX. A. Two specimens of herniary sacs, by which it is shewn that the neck of the sac is capable of forming a stricture and a ligamentous edge strong enough to cut the intestine. B. C. xiii. 4. M. H. 14.

1736. XXX. A. Specimen of the sac of a femoral hernia. B. C. xiii. 4. M. H. 15.

1737. XXX. A. Sac of a ventro-inguinal hernia. No intestine was found in this sac, which, however, is a very fine specimen of this kind of sac, thin in its general extent, with a tendinous ring at the neck, formed out of the peritoneum itself. B. C. xiii. 4. M. H. 16.

1738. XXX. A. Peritoneal sac of a congenital hernia. The ligamentous cords round its neck are seen, shewing the necessity of dividing the stricture of the sac in the operation. B. C. xiii. 4. M. H. 17.

1739. XXX. A. Sac of a femoral hernia. The edge of the crescentic ligament, which must be cut to relieve the intestine, is shewn. B. C. xiii. 4. M. H. 18.

1740. XXX. A. The ring is preserved in this preparation. The sac very much increased in thickness, and shewing the numerous layers, called fasciæ, which are formed in a hernia of long standing. B. C. xiii. 4. M. H. 19. W. C. x. 16.

1741. XXX. A. Herniary sac, of which the coats are very much thickened by layers of cellular membrane. The tunica

vaginalis contained a hydrocele. B. C. xiii. 4. M. H. 20. W. C. x. 17.

1742. XXX. A. Hernia with hydrocele. The cord is anterior to the herniary sac; there is an encysted hydrocele of the lower part of the cord, and hydrocele of the tunica vaginalis posterior to the body of the testicle. B. C. xiii. 4. M. H. 21.

1743. XXX. A. Sac of a scrotal hernia, remarkable for exhibiting the fibres of the cremaster muscle very much enlarged, and as it were grasping the outside of the sac, which is seen to consist of several layers. B. C. xiii. 4. M. H. 22.

1744. XXX. A. Sac of a scrotal hernia with hydrocele. The peritoneum forming the sac is very much thickened. The sac of the hydrocele is in several parts ossified. B. C. xiii. 4. M. H. 23. W. C. x. 21.

1745. XXX. A. Hydrocele and herniary sac. The sac is dissected so as to shew how many successive membranes the surgeon has to lift in the operation. B. C. xiii. 4. M. H. 24.

1746. XXX. A. A herniary sac laid open. The tunica vaginalis is also opened. The spermatic cord is seen on the back part of the sac, as is usual when the intestine has descended obliquely. B. C. xiii. 4. M. H. 25.

1747. XXX. A. Herniary sac. The vessels of the testicle are seen, the vas deferens separated considerably from the blood-vessels. B. C. xiii. 4. M. H. 27. W. C. x. 15.

1748. XXX. A. Herniary sac. The testicle preserved, and some of its vessels injected. B. C. 4. M. H. 28. W. C. x. 14.

1749. XXX. A. Example of a double peritoneal sac in a scrotal hernia. B. C. xiii. 4. M. H. 29.

1750. XXX. A. Inguinal hernia in a man 52 years of age, which came down suddenly to an unusual extent. It contained

both intestine and omentum in a state of inflammation. G. C. 941.

1751. XXX. A. The parts in a case of complete inguinal hernia in the male. The portion of gut which has come down is the termination of the ileum and the cœcum. The caput cœcum had ulcerated, and an incision was made into it in the operation, and the mucous coat of the caput coli was œdematous. The sac has acquired a very great density and thickness below. Presented by Professor Thomson.

1751. *a*. XXX. A. Portion of intestine which was included in a herniary sac. B. C. xiii. 6. M. H. 30.

1752. XXX. A. From a body in the dissecting room. There are marks of an operation; a portion of an old sac remains. B. C. xiii. 4. M. H. 31.

1753. XXX. A. Part of the abdominal muscles, the testicle and cord, with the sac of a ventro-inguinal hernia on the right side. A bristle introduced into the epigastric artery marks its relation to the neck of the sac. The incision is three-fourths of an inch from the artery, and is directly parallel to it. The patient was 70 years of age, and had hernia for eight years. He died thirty-eight hours after the operation. B. C. xiii. 4. M. H. 32.

1754. XXX. A. A portion of intestine which had been down in a herniary sac for nine days, was strangulated, and reduced by operation. The portion which was included in the neck of the sac is distinguished by its form and diminished calibre. B. C. xiii. 4. M. 33.

1755. XXX. A. A large scrotal hernia containing a portion of intestine. The testicle may be seen at the lower part of the tumour, and the cord descending at the back part. B. C. xiii. 4. M. H. 34. W. C. X. 24.

1756. XXX. A. Preparation of inguinal hernia. The sac is opened, and the intestine exhibited, the latter covered with

coagulable lymph, and firmly adhering to the former. B. C. xiii. 4. M. H. 35.

1757. XXX. A. Preparation of inguinal hernia combined with hydrocele, the sac of the latter laid open. Presented by Alexander Watson, Esq. G. C. 509.

1758. XXX. A. A large scrotal hernia containing omentum only, which is changed in its appearance, adheres to the sac at several points, and presents firm cords sufficient to strangulate a portion of intestine. B. C. 4. M. H. 36.

1759. XXX. B. Omentum which was contained in a very old hernia. The part embraced by the stricture is narrow, dense, and ligamentous; some firm filaments are seen to join fatty pellicles. B. C. 4. M. H. 37.

1760. XXX. B. A portion of omentum which, having protruded from the abdomen in a case of wound, was cut off. B. C. xiii. 4. M. H. 38.

1761. XXX. B. Irreducible inguinal hernia in a man aged 67, who had it for forty years. He died of hæmorrhage from malignant ulceration of the penis, caused by an injury. Presented by Dr John Campbell. G. C. 1483.

1762. XXX. B. Preparation of femoral hernia, in a woman. Within the sac is seen a nucleus of intestine in a state of strangulation. The case precisely resembles that of Grace Glover, B. C. xiii. 4. M. H. 5. B. C. xiii. 4. M. H. 39.

1763. XXX. B. Preparation of femoral hernia, where a very firm adhesion had taken place between the protruded portion of intestine and the mouth of the hernial sac. All the integuments had mortified and sloughed away, leaving the protruded portion of intestine unopened and much thickened in its substance. Presented by Professor Thomson. G. C. 35.

1764. XXX. B. Preparation of femoral hernia, where, on

opening the hernial sac, the portion of protruded intestine was found mortified, and the intestine was stitched to the external wound, with the view of forming an artificial anus. The patient died a few days after the operation. Presented by William Wood, Esq. G. C. 34.

1765. XXX. B. Specimen taken from a fatal case of femoral hernia. The fascia propria was mistaken for the hernial sac, the stricture in the ring was dilated on the point of the the finger, when the tumour became flaccid, and was easily returned within the crural arch. The symptoms of strangulation however did not entirely subside, and on dissection it appeared that the hernial sac had been returned without being opened. The gut is still seen thickened in the neck of the sac. Presented by Sir George Ballingall. G. C. 757.

1766. XXX. B. Stricture of the intestine, in consequence of its having been engaged in the neck of a herniary sac. It was reduced by operation, symptoms of obstruction continued, which were found on dissection to have been caused by this stricture. B. C. xiii. 4. M. H. 40.

1767. XXX. B. Specimen of strangulated intestine inverted. A portion of the mucous membrane is seen ulcerated in the line of the stricture. The patient died four days after the operation. Peritonitis; no extravasation. Presented by Professor Turner. G. C. 684.

1768. XXX. B. Specimen shewing the condition of the gut in crural hernia, consequent upon the reduction of a strangulated portion, which had been rudely handled. The coats of the intestine on the inside were cut through, as those of an artery are cut by a ligature. The peritoneal coat had not been divided by the violence, but ulceration had commenced where the bit of whalebone is introduced. B. C. xiii. 4. M. H.

1769. XXX. B. Portion of intestine which had been strangulated in a hernial sac. Besides the change of colour produced on the intestine by inflammation, there is a very thick

effusion of coagulated lymph on its peritoneal surface. Presented by Professor Thomson. G. C. 38.

1770. XXX. B. Portion of intestine which was protruded in a femoral hernia. The intestine was found thus ruptured in consequence of the long compression of the stricture. B. C. xiii. 4. M. H. 42.

1771. XXX. B. In this case, the intestine was so injured by the stricture, that it burst during the operation. See Bell's Surg. Obs. p. 181, where the case is fully detailed. B. C. xiii. 4. M. H. 43.

1772. XXX. B. Hernia incarcerated below the ring. Above the ring, a portion of the peritoneum is thickened, and forms a cord, which has cut the intestine, so that the fæces escaped into the abdomen. B. C. xiii. 4. M. H. 44.

1773. XXX. B. In this case, the intestine burst in consequence of the operation of the taxis. B. C. xiii. 4. M. H. 45.

1774. XXX. B. Artificial anus, formed in the groin after hernia; from the body of an elderly woman who had a femoral hernia. See Bell's Surg. Observ. p. 219. B. C. xiii. 4. M. H. 46.

1775. XXX. B. Specimen shewing the condition of the gut after hernia. The intestine burst before the operation was performed, in consequence of ulceration having been produced on the inside, at the place of the stricture. B. C. xiii. 4. M. H. 47.

1776. XXX. B. Preparation of femoral hernia, shewing the change that has taken place in the mouth of the sac after an operation. It has become contracted, and an effusion of lymph has taken place over its orifice. A piece of whalebone shews the opening into the sac. G. C. 36.

1777. XXX. B. Specimen of congenital hernia. The sac is observed to be peculiarly thin, and the omentum which is contained in it has, by compression, been changed in its texture, so as to form strong tendinous cords. B. C. xiii. 4. M. H. 48.

1778. XXX. B. Congenital hernia. The patient at birth had a hernia, which disappeared during his infancy, but returned when he was 28 years old, and as it could not be reduced, he died in twelve hours after the descent. B. C. xiii. 4. M. H. 49.

1779. XXX. B. Congenital hernia. The omentum adheres to the testicle, and the adhesions which it has formed have acquired a stringy firmness. A strong cord formed by the process of inflammation runs from the testicle to the anterior part of the sac. B. C. xiii. 4. M. H. 50.

1780. XXX. B. Sac of a congenital hernia. It was a large scrotal hernia, which happening to come down in an unusual degree, the intestine became strangulated. The squeezing and handling of the intestines during the operation caused them to inflame, and on dissection they were found in a knot within the abdomen. B. C. xiii. 4. M. H. 51.

1781. XXX. B. An umbilical hernia. The sac contains a large quantity of omentum much condensed. The peritoneum has become blended with the cellular membrane. B. C. xiii. 4. M. H. 52.

1782. XXX. B. A large umbilical hernia. The sac, which is inverted, has become very strong and fibrous. The omentum is thickened and adheres to the sac. B. C. xiii. 4. M. 8. 53.

1783. XXX. B. Case of hernia in a child which died immediately after birth. In the tumour on the abdomen were found the liver, the stomach and the pancreas. The spleen was drawn out of its natural situation, but had not entered the tumour. No small intestines were found in the cavity of the abdomen. The left side of the thorax was filled with the small intestines, which had passed through a deficiency in the diaphragm. W. C x. 1.

1784. XXX. B. Internal strangulation of the small intestines of a child aged three years. They are seen very irregularly convoluted, and the under portion of them has passed

through a hole in the mesentery. Presented by Dr Gordon and Professor Turner. G. C. 43.

Intestinal Concretions.

1785. XXX. B. Intestinal concretions from the colon of a boy between nine and ten years of age, who died of typhoid fever. The mesenteric glands were diseased, and eight concretions were found within the arch of the colon. The kidneys also were altered in texture. Presented by William Wood, Esq. G. C. 1458.

1786. XXX. B. Section of an intestinal concretion found in a boy who died in the Infirmary at Aberdeen. Presented by Dr Ewing. G. C. 1578.

1787. XXX. B. Biliary concretion of large size passed by a woman aged 45, who for three days had been treated as labouring under inflammation of the bowels. On the third day stercoraceous vomiting came on, and continued for three weeks, when the calculus was brought away by a very large injection. Several smaller calculi were afterwards passed, and the patient made a complete recovery. Presented by R. Omond, Esq. G. C. 1577.

1788. XXX. B. Substances said to have been discharged from the body, the one by vomiting, the other by stool. Presented by Professor Thomson. G. C. 849. a.

Intestinal Worms.

1789. XXX. F. Ascaris lumbricoides, in the state in which it was found in the intestine of a child. B. C. xiii. 4. M. W. 5. W. C. x. 6.

1790. XXX. F. Two specimens of Ascaris lumbricoides passed by a child five years old. The smaller individual, with the tail incurvated, is a male; the other, with the tail straight, a female. C. C. xiii. 4. M. W. 4. W. C. x. 5.

1791. XXX. F. Ascaris lumbricoides, found in the bowels of a child. B. C. xiii. 4. M. w. 6. W. C. x. 7.

1792. XXX. F. Ascaris lumbricoides. Female.

1793. XXX. F. Ascaris lumbricoides, female, passed by a child six years old. Presented by Dr John Campbell. G. C. 1574.

1794. XXX. F. Ascaris lumbricoides, female, passed by a child five years old. B. C. xiii. 4. M. w. 2. W. C. x. 3.

1795. XXX. F. Ascaris lumbricoides. G. C. 192.

1796. XXX. F. Ascaris lumbricoides, female. Presented by Professor Turner. G. C. 419.

1797. XXX. F. Ascaris lumbricoides. G. C. 191.

1798. XXX. F. Ascaris lumbricoides. Presented by Dr Patrick Newbigging. G. C. 1575.

1799. XXX. F. Female Ascaris lumbricoides of large size opened. At the place where the black bristle is inserted is the situation of the vulva, from which the vagina passes into a kind of uterus, which divides into two tortuous tubes of the thickness of a pigeon's quill. These tubes or oviducts terminate in thread-like filaments, which are usually agglomerated, and fill up the posterior part of the body. B. C. xiii. 4. M. w. 8. W. C. x. 9.

1800. XXX. F. Three specimens of Ascaris lumbricoides, from the intestines of a young woman. In the largest individual are seen the vagina, the uterus, its two long tortuous cornua or oviducts, and the filamentary ovaries. The intestinal canal, which is simple, is also seen. B. C. xiii. 4. M. w. 9. W. C. x. 10.

1801. XXX. F. Female Ascaris lumbricoides of small size

dissected. The intestinal canal and filamentary ovaries and oviducts are seen.

1802. XXX. F. Ascaris lumbricoides, female. G. C. 419. a.

1803. XXX. F. Specimens of Oxyuris vermicularis. B. C. xiii. 4. M. W. 1. W. C. X. 2.

1804. XXX. F. Trichocephalus dispar. B. C. xiii. 4. M. W. 1. W. C. X. 2.

1805. XXX. F. Bothriocephalus latus. This is distinguished from the common tape-worm, Tænia solium, by having the head oblong, and the orifices in the middle of the articulations. When kept in spirits, it usually acquires a greyish tint, as is the case in the present specimen. Presented by Dr John Campbell. G. C. 728.

1806. XXX. F. Tænia solium. This animal has the head subglobular, the anterior joints very short, the rest nearly square, and the orifices in the edges of the articulations. This individual is several yards in length, but is incomplete. The ramified ovaries are seen in some of the articulations. B. C. xiii. 4. M. W. 10. W. C. X. 12.

1807. XXX. F. Several of the middle and posterior articulations of a specimen of Tænia solium, having the alimentary tubes injected. B. C. xiii. 4. M. W. 10. W. C. X. 11.

1808. XXX. F. Portion of the posterior part of a specimen of Tænia solium. G. C. 1450.

1809. XXX. F. Portion of a specimen of Tænia solium. In some of the articulations the arbuscular ovaries are distinctly seen. G. C. 458. a.

1810. XXX. F. Tænia solium, incomplete. G. C. 190.

1811. XXX. F. Portion of a specimen of Tænia solium.

The articulations are thicker, and the lateral apertures larger than usual. Presented by Dr Knox. G. C. 760.

1812. XXX. F. Portion of a tapeworm similar to the last. Presented by Dr Knox. G. C. 760.

1813. XXX. F. Tænia solium, nearly complete. Presented by Alexander Watson, Esq. G. C. 707.

1814. XXX. F. Portion of a specimen of Tænia solium. Presented by Dr W. B. Hamilton. G. C. 1576.

DIVISION II.

DISEASES OF THE LIVER.

a. Injuries from External Violence.

1815. XXX. G. Liver of a young man ruptured by a carriage passing over his body. He lived thirty hours after the accident. B. C. xiii. 5. M. 27.

1816. XXX. G. Ruptured liver taken from the body of a soldier who fell over the Castle rock of Edinburgh. See also 1361, 1816, and 1939. Presented by Dr Maclagan. G. C. 653.

b. Inflammation, Suppuration, and Ulceration.

1817. XXX. G. Long adhesion between the peritoneal surfaces of the diaphragm and liver, forming a beautiful specimen of false membrane. B. C. iv. 2. M. 1.

1818. XXX. G. Peritoneal covering of the liver, of a cartilaginous firmness. The body of the liver appeared sound. B. C. xiii. 5. M. 26. W. C. BB. 2.

1819. XXX. G. Adhesions of the serous surface of the liver to the diaphragm. G. C. 655.

1820. XXX. G. Large abscess of the liver, which burst into the stomach. From a gentleman who had long been in India. The liver is seen to have formed a very firm adhesion to the stomach immediately above the pylorus. B. C. xiii. 3. M. 8. W. C. v. 24.

1821. XXX. G. Part of the substance of an inflamed and suppurating liver. B. C. xiii. 5. M. 1. W. C. BB. 4.

1822. XXX. G. Portion of the same liver. It is soft, and a quantity of brown matter is deposited in it. B. C. xiii. 5. M. 2. W. C. BB. 5.

1823. XXX. G. Portion of the same liver, in which a quantity of brown purulent matter was diffused. B. C. v. M. 3. W. C. BB. 6.

1824. XXX. G. Section of a liver in which numerous abscesses existed. Presented by Alexander Watson, Esq. G. C. 830.

1825. XXX. G. Abscess in the liver of a child six weeks old. Soon after birth, it had an abscess of the thigh. B. C. xiii. 5. M. 30. W. C. BB. 29.

1826. XXX. G. Liver of a child about ten months old, in which there existed an abscess. G. C. 501.

1827. XXX. G. Ulceration and suppuration of the liver of a boy eleven years of age. He had symptoms of enteritis for four days. B. C. xiii. 5. M. 31. W. C. BB. 28.

1828. XXX. G. Ulceration of the liver. Presented by Mr James Brown, Dominica. G. C. 516.

c. Enlargement.

1829. XXX. G. Portion of an enlarged and softened liver, which weighed fourteen pounds. From a scrofulous subject who died of pneumonia. Presented by Professor Turner. G. C. 257.

1830. XXX. G. Portion of an enlarged and granular liver. From a subject affected with phthisis. Dr Cullen, Paris. G. C. 618.

1831. XXX. e. Liver greatly enlarged, and having large white tubercles interspersed through its substance. Presented by Dr Huie. G. C. 1452.

d. TUBERCULAR AND OTHER ALTERATIONS.

1832. XXX. e. Large white tubercles of the liver. Presented by Professor Thomson. G. C. 695.

1833. XXX. e. Portion of a diseased liver, shewing circumscribed medullary tubercles. The omentum thickened and scirrhous, and the pyloric portion of the stomach carcinomatous. Presented by Mr Newbigging. G. C. 839.

1834. XXX. e. Portion of a liver, exhibiting circumscribed tubercles. The patient died of empyema. G. C. 843.

1835. XXX. e. Large white tubercles of the liver. G. C. 137.

1836. XXX. e. Section of a large scirrhous tubercle of the liver. From a woman who had a cancerous breast. Presented by Professors Thomson and Turner. G. C. 141.

1837. XXX. e. Tuberculated liver, shewing in its altered tissue appearances resembling those of scirrhus. Presented by Dr Huie. G. C. 719. c.

1838. XXXI. a. Portion of liver exhibiting large white tubercles. Presented by Sir George Ballingall. G. C. 863.

1839. XXXI. a. Tubercle of a medullary appearance and consistence, at the lower edge of the left lobe of the liver of a woman between 30 and 40, who had also ulceration of the stomach. See No. 1521. Presented by Dr Huie. G. C. 719. a.

1840. XXXI. a. Portion of a tuberculated liver which weighed twenty-two pounds. Nearly its whole substance was

filled with variegated tubercles of uniform slightly spongy consistence, the interstices of a yellowish colour, and more compact than natural. Some of the tubercles are red, some white, and others of a black colour. Presented by Professor Turner. G. C. 256.

1841. XXXI. A. Portion of the same liver, with the vessels injected. Presented by Professor Turner.

1842. XXXI. A. Portion of the left lobe of a diseased liver, shewing several circumscribed tubercles on the surface. Presented by David Hay, Esq. G. C. 812.

1843. XXXI. A. Mass of tubercles of a white colour attached to the surface of the liver and the omentum at its edge. The contiguous portion of the liver is converted into a substance of a similar nature. Presented by Dr Hay. G. C. 334.

1844. XXXI. A. Portion of a diseased liver containing large white tubercles. The substance of the liver has a variegated and cellular appearance, the walls of the cellules being lighter than the contained substance. The tubercles were soft, with membranous dissepiments. Presented by William Brown, Esq. G. C. 1453.

1845. XXXI. A. Portion of a diseased liver, presenting precisely the same appearances. G. C. 1454.

1846. XXXI. A. Portion of liver shewing large white tubercles of a scirrhous structure. From the same patient as the ulcerated stricture of the rectum, No. 1658. Presented by Professors Thomson and Turner. G. C. 1235.

1847. XXXI. A. Section of a tumour of the liver, of the nature of medullary sarcoma. B. C. xiii. 5. M. 21.

1848. XXXI. A. Small tubercles of the liver, of the kind common in dram-drinkers. Presented by Dr Dickson. G. C. 139.

1849. XXXI. A. Section of a scirrhous liver, such as is generally found in hard drinkers. Numerous hard tubercles are dispersed through its substance. B. C. xiii. 5. M. 7. W. C. BB. 10.

1850. XXXI. A. Section of a liver shewing small tubercles dispersed through its substance. B. C. xiii. 5. M. 8. W. C. BB. 11.

1851. XXXI. A. Portion of a liver exhibiting scrofulous tubercles. Army Medical Board. G. C. 678.

1852. XXXI. A. Portion of a liver affected with large tubercles, exhibiting the scirrhous texture; taken from a patient who died of scirrhus in the breast, after the mamma had been extirpated. Presented by Professor Thomson. G. C. 507.

1853. XXXI. A. Small portion of the liver of a lady aged 60, who died of cancer of the uterus. Two scirrhous tubercles are seen. B. C. xiii. 5. M. 28. W. C. BB. 12.

1854. XXXI. A. Section of a tuberculated liver. Some membranous septa intersect the tubercles. B. C. xiii. 5. M. 33.

1855. XXXI. A. Section of a tumour of the liver, which appears to be of the nature of true scirrhus. B. C. xiii. 5. M. 22. W. C. BB. 33.

1856. XXXI. A. Portion of a liver shewing large scrofulous tubercles. Presented by Mr Boyd. G. C. 1091.

1857. XXXI. A. Section of a liver, shewing small white tubercles on the surface and in its substance. G. C. 138.

1858. XXXI. A. Portion of a liver affected with scrofulous tubercles. G. C. 140.

1859. XXXI. A. Section of a scrofulous tubercle of the liver, consisting of membranous cells, which were filled with

purulent matter, and points of deposition of black substances. The patient died of phthisis, with large abscess of lungs. Presented by Professor Turner. G. C. 272.

1860. XXXI. A. Portion of a diseased liver, having an appearance indicative of medullary sarcoma. The gall-bladder contained calculi. Presented by Professor Thomson. G. C. 481.

1861. XXXI. A. Section of the same liver. Presented by Professor Thomson. G. C. 481. a.

1862. XXXI. A. Section of fungous tumour of the liver of the nature of medullary sarcoma. B. C. xiii. 5. M. 5.

1863. XXXI. A. Section of a liver with large tubercles, of the nature of medullary sarcoma. B. C. xiii. 5. M. 6.

1864. XXXI. A. A fungous tumour of the liver, which projected into the stomach. B. C. xiii. 5. M. 4.

1865. XXXI. A. Fungus hæmatodes of the liver. Presented by Professor Thomson. G. C. 78.

1866. XXXI. B. Portion of a tuberculated liver affected with fungus hæmatodes. Presented by Professor Thomson. G. C. 1585.

1867. XXXI. B. Section of a liver studded with melanomatous tubercles. From the same patient as No. 943. Presented by Dr Pitcairn. G. C. 494.

1868. XXXI. B. Portion of the same liver, exhibiting similar appearances. G. C. 494. a.

1869. XXXI. B. Portion of a liver affected with melanomatous tubercles. The disease succeeded to the extraction of a melanomatous tumour from the orbit. Presented by Professor Thomson and George Bell, Esq.

1870. XXXI. B. Portion of a liver shewing two melanomatous tubercles. Delineated in Mr Wardrope's work on Fungus Hæmatodes. Presented by Mr Allen Burns. G. C. 142.

1871. XXXI. B. Portion of liver with small melanose tubercles. Presented by Professor Thomson. G. C. 693.

1872. XXXI. B. Portion of liver altered in texture. Presented by Professor Thomson. G. C. 693.

1873. XXXI. B. Portion of liver which is hardened, and of a light yellow colour, with a mixture of white streaks and points. From a boy who died from scrofulous depositions in the peritonæum. Presented by Professors Thomson and Turner. G. C. 262.

1874. XXXI. B. Peculiar change in the appearance of the liver, produced by a mixture of reddish and brown colour, with somewhat firmer texture, but without a change of size. Presented by Professor Turner. G. 258.

1875. XXXI. B. A large tumour, which appears to be an aneurism of the hepatic artery and its branches, found in a gentleman aged 50 years, who was ill in health for seven years. B. C. xiii. 5. M. 24.

e. CYSTS, HYDATIDS, AND WORMS.

1876. XXXI. B. A cyst found in a liver, which was in other respects sound. It contained a brown fluid. B. C. xiii. 5. M. 9. W. C. BB. 19.

1877. XXXI. B. Part of a cyst found in the liver of an adult man, which contained upwards of two quarts of pus. B. C. xiii. 5. M. 10. W. C. BB. 3.

1878. XXXI. B. Cyst from the liver of an adult, which contained a brown opaque fluid. B. C. xiii. 5. M. 13. W. C. BB. 14.

1879. XXXI. B. Cyst of the liver, which contained a great number of thin semi-transparent sacs, all compressed, and containing little fluid. G. C. 77.

1880. XXXI. B. Sac with hydatids, from the liver. G. C. 134.

1881. XXXI. B. Cyst adhering to the left lobe of the liver, which contained a great number of hydatids. B. C. xiii. 5. M. 11.

1882. XXXI. B. Several hydatids of different sizes, taken from a cyst in the liver. B. C. xiii. 5. M. 12. W. C. BB. 13.

1883. XXXI. B. A small hydatid from the liver. B. C. xiii. 5. M. 14.

1884. XXXI. B. Hydatids found in a cyst of the liver. B. C. xiii. 5. M. 44.

1885. XXXI. B. Cauliflower excrescence from the internal surface of a very large hydatid of the liver. Four small hydatids, which, with several hundred others, were contained within the larger one, are floating in the jar. Presented by Professor Turner. G. C. 80.

1886. XXXI. B. A sac from a liver, which contained hydatids. G. C. 133.

1887. XXXI. B. A cyst in a liver, which contained a great number of hydatids. B. C. xiii. 5. M. 15.

1888. XXXI. B. A cyst in a liver, containing several large cysts full of hydatids. B. C. xiii. 5. M. 16.

1889. XXXI. B. A cyst from the liver of an adult man, which is in some parts cartilaginous and bony. It contained a great number of hydatids of various sizes. B. C. xiii. 5. M. 17. W. C. BB. 5.

1890. XXXI. B. Cyst containing hydatids, found between the rectum and bladder of the same person. The viscera of the pelvis were healthy, and the disease is supposed to have been caused by the descent of a hydatid from the liver. B. C. 5. M. 18. W. C. BB. 16.

1891. XXXI. B. Substance found lining the cyst above mentioned, and apparently an enlarged hydatid which had escaped from the liver. Its coats are divisible into two laminæ, and a large quantity of fatty matter in lobes adheres to an extensive portion of it. Many small hydatids are seen attached to its surface. B. C. xiii. 5. M. 19. W. C. BB. 17.

1892. XXXI. B. A large cyst, the greater part of which projected from the surface of the liver of an elderly person. It can be divided into different laminæ, and a large portion of it is of a cartilaginous consistence. Some parts are converted into bone, and in others it is lined with a brownish-white earthy substance. A pulpy membrane was found within it, to which adhered fatty substances and small hydatids. In its cavity also were numerous hydatids. B. C. xiii. 5. M. 20. W. C. BB. 18.

1893. XXXI. C. A large sac of the liver which contained the hydatid hanging in the same jar. Presented by Professor Turner. G. C. 265.

1894. XXXI. C. A large sac of the liver containing hydatids. Presented by Mr Monteith, Glasgow. G. C. 132.

1895. XXXI. C. A sac from the liver which was full of hydatids. Presented by Dr Hunter. G. C. 1236.

1896. XXXI. C. Substance of the liver full of sacs containing hydatids.

1897. XXXI. C. Portion of liver studded with hydatids.

1898. XXXI. C. Liver of a child eleven years old, containing lumbrici in its substance. She discharged 100 before

death, 90 were found in the stomach and bowels, and 11 in the liver,—in all 201. Some of those in the liver seem to be contained in the hepatic duct; some had made their way through the liver, and were hanging in the abdominal cavity. Presented by Dr James Brown, Dominica. G. C. 505.

f. Gall-bladder.

1899. XXXI. c. Distended gall-bladder. Presented by Professor Turner. G. C. 661.

1900. XXXI. c. Gall-bladder thickened, and having several ulcers upon its internal surface. Presented by Professor Turner. G. C. 423.

1901. XXXI. c. Gall-bladder much enlarged, in a case where the pancreas was the seat of extensive disease. See G. C. 1094. Presented by Dr Moir. G. C. 1125.

1902. XXXI. c. Calculi in the gall-bladder. Presented by Professor Thomson. G. C. 135.

1903. XXXI. c. Thickened gall-bladder containing a calculus. The cystic duct obliterated. Presented by Professor Turner. G. C. 136.

1904. XXXI. c. Gall-bladder of an adult female inverted. It contained a great many calculi. Its honeycomb appearance is still visible. B. C. xiii. 5. M. 54. W. C. BB. 20.

1905. XXXI. c. Gall-bladder containing a calculus, and presenting the same appearance as the last. Presented by Professor Thomson. G. C. 420.

1906. XXXI. c. Gall-bladder embracing a large calculus. From a person who, during life, was never suspected of having a gall-stone. B. C. xiii. 5. M. 35. W. C. BB. 21.

1907. XXXI. c. Gall-bladder of a female who died pf jaundice. It is much contracted, and contains several calculi,

one of which is seen obstructing the duct. B. C. xiii. 5. M. 36. W. C. BB. 22.

1908. XXXI. c. Gall-duct blocked up by a calculus. The gall-bladder is very small, and adheres to the pylorus, which is strictured. B. C. xiii. 5. M. 37.

1909. XXXI. c. Portion of a gall-bladder much thickened, and firmly embracing a large calculus. Presented by Dr W. Thomson. G. C. 1455.

1910. XXXI. c. Gall-bladder much thickened, rough and irregular on its inner surface, which had begun to ulcerate near the cervix. It contained a number of calculi. B. C. xiii. 5. M. 38. W. C. BB. 23.

1911. XXXI. c. A gall-bladder very much enlarged, from a soldier who had the Walcheren fever. B. C. xiii. 5. M. 43.

1912. XXXI. c. Three biliary calculi, from the gall-bladder of the same patient as No. 1026. Presented by Dr Huie. G. C. 1587.

1913. XXXI. c. Two dark-brown biliary calculi. Presented by Dr Clark. Bil. C. 1.

1914. XXXI. c. Three biliary calculi. Presented by Dr Gairdner. Bil. C. 2.

1915. XXXI. c. Small biliary calculus. Presented by Dr Hamilton. Bil. C. 3.

1916. XXXI. c. Numerous biliary calculi of a greyish colour. Presented by Dr Abercrombie. Bil. C. 4.

1917. XXXI. c. Four rounded biliary calculi. Presented by Dr Abercrombie. Bil. C. 5.

1918. XXXI. c. Fragments of biliary concretions extracted from the rectum of a gentleman. The quantity extracted exceeded a pound weight. Presented by J. Knox, Esq. Bil. C. 6.

1919. XXXI. c. Biliary calculus of an oblong form and crystalline, discharged by stool, soon after a severe attack of general indisposition and pain, particularly in the region of the liver. It weighed ʒij. sp. gr. 1.055. Presented by Dr Macaulay. Bil. C. 7.

1920. XXXI. c. Fragment of a reddish-brown biliary concretion, discharged by stool after a severe attack of jaundice. Presented by Mr Newbigging. Bil. C. 8.

1921. XXXI. c. Section of a large biliary calculus which was discharged by stool after a severe attack of jaundice. Bil. C. 9.

1922. XXXI. c. Twelve pure white angular biliary calculi found in a gall-bladder after death. There were thirty-four of them, all exactly similar. Presented by Mr Newbigging. Bil. C. 10.

1923. XXXI. c. Small brown angular biliary calculi found in a gall-bladder after death. There were fifty-eight in all, exactly similar. Presented by Mr Newbigging. Bil. C. 11.

1924. XXXI. c. Three biliary calculi passed by stool. Three others were passed by the patient. Presented by Mr Newbigging. Bil. C. 12.

1925. XXXI. c. Section of a biliary calculus passed by the rectum. The weight of the whole calculus was ʒiv. 10 grs. its long diameter $1\frac{1}{4}$ inch, its short diameter $1\frac{1}{8}$. It was found to consist entirely of cholesterine, and was passed by a lady, after severe pains in the epigastric and umbilical regions, but without jaundice. Presented by W. Keith, Esq. and Professor Turner. Bil. C. 15.

1926. XXXI. c. Numerous rounded biliary calculi of various sizes, found in a gall-bladder. G. C. 1016. Bil. C. 16.

1927. XXXI. c. Nine black granulated biliary concretions, of which 102 were found in the same gall-bladder. Presented by Dr Knox. Bil. C. 17.

1928. XXXI. c. About sixty biliary calculi of various forms and sizes, from the gall-bladder marked 1910. B. C. xiii. 5. M. 39. W. C. BB. 24. Bil. C. 18.

1929. XXXI. c. Two biliary calculi found in the same gall-bladder. Bil. C. 19. B. C. xiii. 5. M. 40. W. C. BB. 25.

1930. XXXI. c. Fragments of a large biliary calculus of a brown colour, taken from the gall-bladder of a woman who, during life, was never suspected of having gall-stone. It was larger than a hen's egg, and consisted of concentric lamellæ. B. C. xiii. 5. M. 41. W. C. BB. 26. Bil. C. 20.

1931. XXXI. c. Two biliary calculi found in the gall-bladder of a gentleman, who had psoas abscess, scirrhus of the pharynx, and ulceration of the rectum. Bil. C. 21. B. C. xiii. 5. M. 42. W. C. BB. 27.

1932. XXXI. c. Portion of biliary calculus. B. C. Calc. 62. Bil. C. 22.

1933. XXXI. c. Gall-bladder which contained calculi. One only is left. G. C. 1015. Bil. C. 23.

1934. XXXI. c. Gall-bladder containing numerous white angular calculi, of about the size of a pea. G. C. 1015. Bil. C. 24.

1935. XXXI. c. Gall-bladder containing numerous calculi of various forms and sizes. G. C. 1015. Bil. C. 25.

1936. XXXI. c. Gall-bladder containing calculi; from a lady 60 years of age, who died of an acute disease, but had never complained of any symptoms that could have led to the suspicion of gall-stone. Presented by Dr Burn. Bil. C. 26.

1937. XXXI. c. Gall-bladder containing numerous calculi of various sizes and forms. Presented by Dr William Thomson. G. C. 1456.

1938. XXXI. d. Gall-bladder containing calculi. Presented by Dr Patrick Newbigging. G. C. 1594.

DIVISION III.

DISEASES OF THE SPLEEN.

1939. XXXI. D. Ruptured spleen, taken from the body of a soldier who fell over the Castle rock of Edinburgh. See No. 1361 and 1816. Presented by Dr Maclagan. G. C. 598.

1940. XXXI. D. Indurated spleen, from the same subject as No. 1659. a. Presented by Dr Knox. G. C. 1237.

1941. XXXI. D. Section of an enlarged and indurated spleen. Presented by Dr Smith. G. C. 1582.

1942. XXXI. D. The peritoneal coat of the spleen much thickened and indurated. G. C. 143.

1943. XXXI. D. Section of the spleen of an adult, the peritoneal coat of which was much thickened, and converted into a cartilaginous substance. B. C. xiii. 6. M. 1. W. C. DD. 8.

1944. XXXI. D. Section of a spleen, of which the peritoneal coat is much thickened, and its substance studded with ossifications. B. C. xiii. 6. M. 4.

1945. XXXI. D. Enlarged spleen, of which the peritoneal coat is flocculent from adhesions. The internal structure is little altered.

1946. XXXI. D. Portion of a spleen, retaining the ordinary appearance of its internal tissue, but having its external

coat in many places thickened and of a cartilaginous hardness. Presented by Mr Burns. G. C. 76.

1947. XXXI. D. Portion of a spleen, of which the peritoneal coat is thickened, and presents several small tubercles on its surface. Presented by Professor Turner. G. C. N. 422.

1947. *a.* XXXI. D. Portion of an enlarged spleen, of which the substance was harder and of a more compact texture than usual. After ague. Presented by Dr Gordon and Professor Thomson. G. C. 261.

1948. XXXI. D. Portion of a spleen enlarged and indurated after ague: it was of enormous size. Presented by Professor Thomson. G. C. 449. a.

1949. XXXI. D. Diseased spleen. Presented by Professor Thomson. G. C. 449.

1950. XXXI. D. Section of the spleen of a person 60 years old, who died with symptoms of angina pectoris. It was very hard, and contained several round bony portions. B. C. xiii. 6. M. 2. W. C. DD. 9.

1951. XXXI. D. Section of a tuberculated spleen, from a boy 13 years old, who died of tabes mesenterica and tuberculated lungs. Presented by Dr Pitcairn. G. C. 696.

1952. XXXI. D. Section of an enlarged and tuberculated spleen, with cerebriform tubercles. Presented by Professor Turner and George Bell, Esq.

1953. XXXI. D. Section of a tuberculated spleen, with cavities on the surface, in which tubercles had been situated. G. C. 264.

1954. XXXI. D. Spleen of a young person containing numerous scrofulous tubercles, some of which project from its surface. B. C. xiii. 6. M. 3. W. C. DD. 10.

1955. XXXI. D. Tuberculated spleen from a child aged six, who laboured under symptoms of phthisis and marasmus. Both lungs were completely studded with small tubercles. Tubercular deposits were also found on the surface of the liver and pericardium. The bronchial and mesenteric glands were greatly enlarged. Presented by Dr Balfour. G. C. 1580.

1956. XXXI. D. Portion of a spleen, of which the tissue is altered, with a cyst containing a pulpy mass of lymph and pus. From the same case as No. 1200. Presented by William Wood, Esq.

CLASS VI.

URINARY ORGANS.

I. DISEASES OF THE KIDNEYS.

II. DISEASES OF THE BLADDER AND PROSTATE GLAND.

III. DISEASES OF THE URETHRA.

IV. URINARY CALCULI.

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IV. URINARY CALCULI. 274

SECTION I. DISEASES OF THE KIDNEYS.

1957. XXXI. D. Kidney in which the distinction between the cortical and tubular parts is obliterated. From a boy between nine and ten years of age, who was affected with œdema of the limbs, erysipelas of the face, and typhoid fever. The intestines and mesenteric glands were diseased. Presented by William Wood, Esq. G. C. 1457.

1958. XXXI. D. The other kidney of the same patient, exhibiting the same appearance. Presented by William Wood, Esq. G. C. 1458.

1959. XXXI. D. Specimen of Bright's disease of the kidney, from an officer aged twenty-five, who had been for some years in India. On his arrival in England, there was dropsy of the belly, which, however, soon subsided; at first he passed a large quantity of water daily, which was coagulable by heat and of low specific gravity; afterwards the quantity diminished, but was still coagulable. Presented by Dr Patrick Newbigging. G. C. 1596.

1960. XXXI. D. Kidney of which the texture is altered, the tubular portions being in part converted into a substance similar to the cortical. From a lad fifteen years of age, who was affected with ascites consequent to scarlatina. Presented by Patrick Newbigging, Esq. G. C. 1458. a.

1961. XXXI. D. Kidney enlarged, its texture altered as in the last three preparations. Presented by the Gentlemen of the Western General Dispensary. G. C. 1459.

1962. XXXI. D. Kidney of which the texture is destroyed by ulceration. From the same patient as the last. Presented by the Gentlemen of the Western General Dispensary. G. C. 1460.

1963. XXXI. E. Kidney in which the distinction between the tubular and cortical parts is gone.

1964. XXXI. E. Kidney in the pelvis of which a peculiar dark-yellow substance, apparently fat, was found. Presented by Professor Thomson. G. C. 59.

1965. XXXI. E. Kidney much enlarged, and of which the substance is almost entirely changed into fat, and presents a soft flocculent appearance. B. C. xiv. 2. M. 1.

1966. XXXI. E. Kidney of a patient who died with calculus undergoing spontaneous decomposition. It contained large masses of a substance like putty, and apparently unorganized, which was found to consist chiefly of coagulated albumen with magnesia and lime. See Calculus, Table No. iii. and No. 2041. a. Presented by Professors Thomson and Turner. G. C. 346.

1967. XXXI. E. Kidney in which the cortical and tubular parts are considerably changed in structure. G. C. 144.

1968. XXXI. E. Kidney in which a small part only of the natural substance remained, by which alone the urine was secreted; the cortical part being absorbed, forms a series of cysts, some of which contain matter of the consistence of putty. B. C. xiv. 2. M. 17.

1969. XXXI. E. Kidney of which the natural texture is entirely destroyed. The patient complained only of his urethra. From the same person as the last. B. C. xiv. 2. M. 16.

1970. XXXI. E. A quantity of scrofulous matter adhering to the inner surface of the infundibula and ureters. B. C. xiv. 2. M. 4.

1971. XXXI. E. A large cavity in the kidney of an old woman. It does not communicate with the pelvis of the kidney. B. C. xiv. 2. M. 2. W. C. FF. 1.

1972. XXXI. E. A kidney very much altered in its structure; the pelvis greatly enlarged. B. C. xiv. 2. M. 3.

1973. XXXI. E. Scrofulous abscess of the kidney, which is much enlarged, with irregular cavities in its substance, containing a fluid resembling pus, mixed with flakes of coagulable lymph. Presented by George Bell, Esq. G. C. 58.

1974. XXXI. E. A kidney of which the tissue is altered, and interspersed with earthy depositions, the surface covered with cartilaginous tubercles. Presented by Professor Thomson. G. C. 466.

1975. XXXI. E. Kidney from a boy twelve years of age, who had a firm stricture of the urethra produced by an injury. The pelvis is enlarged. B. C. xiv. 2. M. 13.

1976. XXXI. E. A kidney which was filled with scrofulous matter. The patient, a boy eleven years of age, had suffered long from disease of the prostate and fistula. The ureter was dilated so as to resemble a piece of the small intestine. There seems to have been complete atrophy of the secreting part of the organ. See No. 2080. B. C. xiv. 2. M. 13. b.

1977. XXXI. E. Kidney in which a collection of matter had formed between the capsule and body of the gland. From a patient who died of stone in the bladder. Presented by Mr George Bell. G. C. 57.

1978. XXXI. E. Abscess within the substance of the kidney, from a person who had stricture of the urethra. B. C. xiv. 2. M. 12.

1978. *a*. XXXI. E. Scrofulous disease of the kidney in a boy thirteen years old. The other kidney was nearly in the same state. See No. 2070. B. C. xiv. 2. M. 13. a.

1979. XXXI. E. Kidney full of scrofulous matter result-

ing from the decomposition or softening of calculi. Presented by Dr Hunter. G. C. 1206.

1980. XXXI. E. Section of the other kidney of the same person, apparently sound. Presented by Dr Hunter. G. C. 1207.

1981. XXXI. E. Right kidney of a woman aged 50, who died dropsical. It was remarkably small, and presented a cyst, which was distended with fluid, probably urine, for it communicated directly with the infundibula and pelvis. (See 1073. Heart.) Presented by J. H. Wishart, Esq. G. C. 1074.

1982. XXXI. E. Portion of a kidney very much diseased. Three bony cysts containing purulent matter were formed in it. B. C. xiv. 2. M. 7. W. C. FF. 14.

1983. XXXI. E. A bony cyst from the preceding preparation, containing solid matter, which Mr Brand, who analyzed it, found to be similar to spermaceti. B. C. xiv. 2. M. 8. W. C. FF. 15.

1984. XXXI. E. Pelvis of the kidney very much enlarged from a stone plugging up the ureter. B. C. xiv. 2. M. 11. W. C. FF. 3.

1985. XXXI. E. A kidney of which, in consequence of a disease in the bladder, the pelvis and ureter are so much dilated as to form a kind of substitute for a bladder. G. C. 60.

1986. XXXI. E. Part of the kidney and ureter of a young man who died of psoas abscess. The ureter is greatly dilated. There were two calculi in the pelvis. Dr Cullen, Paris. G. C. 520.

1987. XXXI. E. Dilatation of the ureter and pelvis of the kidney, from the same person. A calculus is seen in the pelvis. Dr Cullen, Paris. G. C. 522.

1988. XXXI. E. Kidney of which the pelvis and infundibula are enlarged; from a person whose prostate and bladder were diseased. Presented by Dr Th. J. Aitkin. G. C. 1595.

1989. XXXI. E. Dilatation of the pelvis of the kidney and ureter, forming a sort of bladder.

1990. XXXI. E. Pelvis and ureter of a kidney much enlarged and filled with coarse injection. B. C. xiv. 2. M. 14. W. C. FF. 6.

1991. XXXI. E. Kidney with enlarged pelvis and ureter; the tissue soft and disorganized. Presented by Professor Thomson. G. C. 801.

1992. XXXI. F. Fine example of the effect of stricture of the urethra on the ureter, by which the infundibula have been greatly dilated. From the same body as B. C. xiv. 1. M. 49, and the cast of gangrenous penis B. C. xiv. 1. M. 49. a. B. C. xiv. 2. M. 9.

1993. XXXI. F. A kidney of which the pelvis and ureter are very much dilated. Presented by Professor Thomson. G. C. 146.

1994. XXXI. F. Infundibula and ureter very much dilated. The kidney is diminished in size. Presented by Professor Thomson. G. C. 145.

1995. XXXI. F. Fine example of the degree to which the cavities of the kidney may be enlarged by obstruction of the ureter. B. C. xiv. 2. M. 10. W. C. FF. 10.

1996. XXXI. F. A kidney of which the texture has become exceedingly soft, many of the vessels having become unravelled as if it had been macerated in water. The pelvis and ureter are also much enlarged, from pressure upon the latter. B. C. xiv. 2. M. 15. W. C. FF. 15.

1997. XXXI. F. The other kidney of the same person much enlarged, and with its texture unravelled, presenting the same soft flocculent appearance. Vesicles filled with a brownish fluid are found dispersed through its substance. The pelvis and ureter much dilated. B. C. xiv. 1. M. 25. W. C. FF. 5.

1998. XXXI. F. A kidney much enlarged and lobulated. B. C. xiv. 2. M. 24.

1999. XXXI. F. A kidney of which the infundibula and ureter are enlarged. A cyst of great size is seen adhering to it. Presented by Professor Thomson. G. C. 569.

2000. XXXI. F. Cells of a greatly enlarged kidney dried and preserved in turpentine. They were full of a cheesy scrofulous matter. B. C. xiv. 2. M. 23.

2001. XXXI. F. False hydatids or serous cysts of the kidney. G. C. 259.

2002. XXXI. F. Kidney covered with hydatids in various stages, from a man aged 62, who had been long troubled with pain and difficulty of micturition, and who died from suppression of urine combined with peritonitis. Presented by Dr Balfour. G. 1581.

2003. XXXI. F. Kidney exhibiting the commencement of false hydatids immediately within the capsule. From a female subject. Presented by Dr Knox. G. C. 1108.

2004. XXXI. F. Kidney shewing the commencement of false hydatids. From a woman aged 80. Western General Dispensary. G. C. 1238.

2005. XXXI. F. Kidney with false hydatids forming on its surface immediately beneath the capsule. G. C. 1239.

2006. XXXI F. A kidney containing a calculus. Dr Cullen, Paris. G. C. 587.

2007. XXXI. F. A kidney in which there are numerous calculi. A very large one almost plugs up the ureter. B. C. xiv. 2. M. 18.

2008. XXXI. F. A kidney taken from the same body as the last. It also is full of calculi. B. C. xiv. 2. M. 19.

2009. XXXI. F. Section of a kidney with calculi in the infundibula and pelvis. B. C. xiv. 2. M. 20.

2010. XXXI. F. The other kidney from the same body as the last. It appeared to be firmer than usual in its texture, but exhibited no traces of calculi. B. C. xiv. 2. M. 21.

2011. XXXI. F. Kidney, in the pelvis of which there are calculi. The texture was soft and altered. The urinary bladder contained similar concretions. The other kidney seemed healthy. Presented by Frederick Knox, Esq. G. C. 841.

2012. XXXI. F. Kidney of a young woman partly affected with gangrene caused by the pressure of a distorted spine. Presented by Dr Hay. G. C. 765.

2013. XXXI. F. Preparation of the horse-shoe form of the kidney. K. C. 268.

2014. XXXI. F. Horse-shoe kidney.

2015. XXXI. F. Horse-shoe kidney with the aorta and vena cava injected. B. C. xiv. 2. M. 27.

SECTION II. DISEASES OF THE BLADDER AND PROSTATE GLAND.

1. Bladder.

2016. XXXI. G. Ruptured bladder. The patient was one of Tattersal's grooms. While shewing a horse in the ring, both came down. He died in about thirty hours after the accident. There is no doubt of the rupture in this case having been produced by violence, as the horse fell on the man, and the bladder is extensively torn, as in other cases where it has been burst by a fall. B. C. xiv. 1. M. 40. e.

2017. XXXI. G. Coagulated blood on the internal coat of the bladder of a man who died of fungus cerebri. This appearance is frequently found when the patient dies of an acute disease. B. C. xiv. 1. M. 83.

2018. XXXI. G. Concretions adhering to the inner surface of the bladder, which might have been mistaken for stone. B. C. xiv. 1. M. 71.

2019. XXXI. G. Bladder of a medical student, who died of fever. A substance between coagulable lymph and scrofulous matter is seen lining and strongly adhering to the inner surface. B. C. xiv. 1. M. 77. W. C. HH. 7.

2020. XXXI. G. Bladder of a woman aged 39, ulcerated and ruptured. The urethra is seen to be strictured. Three orifices admitted the catheter. The cellular tissue between the peritonæum and abdominal muscles was filled with urine. B. C. i. M. 40. d.

2021. XXXI. G. Bladder of which the muscular coat is greatly enlarged in consequence of stricture of the urethra. On the external surface the several orders of fibres are quite dis-

tinct, and on the inside the mucous membrane is seen lining the cavities between the enlarged fasciculi. B. C. xiv. 1. M. 37. W. C. HH. 6.

2022. XXXI. G. Bladder to which the ileon adhered. Ulceration took place many years before death, during which time fæces passed by the urethra. B. C. xiv. 1. M. 78. W. C. HH. 10.

2023. XXXI. G. Contracted and thickened bladder, with rugose convoluted appearance of the inner coat. The prostate, ureters, and kidneys were much enlarged. Presented by Mr Young. G. C. 260.

2024. XXXI. G. Bladder from an old man, who was supposed to have an enlargement of the prostate gland. A bougie is introduced into a hole in the substance of the gland, which was made by the catheter. The bladder is much enlarged, and its internal surface is marked by reticulated bands, the effect of irritation and inflammation. A sacculus has also formed at the fundus. B. C. xiv. 1. M. 61. a.

2025. XXXI. G. Bladder with a large hole at the fundus, produced by rupture or by sloughing after the wheel of a coach had passed over the patient's belly. There had been a stricture for some years. B. C. xiv. 1. M. 40. c.

2026. XXXI. G. Diseased bladder, enlarged prostate, and tubercle apparently formed in the posterior paries of the bladder, which had ulcerated. The coats of the left ureter greatly thickened, and the right enlarged. Presented by Dr Hunter. G. C. 1205. See also No. 1206. 1207. Kidney.

2027. XXXI. G. Scirrhus of the bladder near its fundus, where the peritonæum is reflected between the bladder and rectum, in a woman who died from cancer of the mamma and tubercles of the skin. G. C. 268.

2027. *a*. XXXI. G. Bladder having the internal surface

flocculent, but chiefly remarkable for a valvular projection obstructing the flow of urine. B. C. xiv. 1. M. 80.

2028. XXXI. G. Bladder having the internal surface rugous, and presenting a large fungoid mass. Presented by Dr Gillespie. G. C. 856.

2029. XXXI. G. Bladder and urethra of an old man. The urethra is thickened in its whole extent, but he died in consequence of the great irritation produced by the disease in the bladder, from the inside of which there are numerous fungous excrescences. B. C. xiv. 1. M. 36.

2030. XXXI. G. Disease in the bladder resembling fungus hæmatodes. It was felt from the abdomen like a distended bladder, and the surgeon was tempted to puncture it above the pubes. B. C. xiv. 1. 38.

2031. XXXI. G. Bladder of a patient who for several years had all the symptoms of stone. Mucous membrane flocculent. A hole is seen in the back part, which communicated with a large sac containing urine. A small calculus was found in the urethra. B. C. xiv. 1. M. 76. W. C. HH. 18.

2032. XXXI. G. Puncture of the bladder above the pubes, performed there in consequence of the state of the parts in the perinæum. The canula is in the opening through which the puncture was made. It is covered with an incrustation, although it was only a few days in the bladder. B. C. xiv. 1. M. 37. a.

2032. *a*. XXXI. G. Bladder punctured from the rectum. The two vasa deferentia lay so close to each other that they have both been touched by the trocar. B. C. xiv. 1. M. 40.

2033. XXXII. A. A bladder which has been punctured four different times from the rectum. The preparation shews to what a distance the perinæum is removed from the neck of the bladder, when it is distended, and the impossibility of recognising with the finger the triangular space described as ha-

ving the peritonæum for its base, the vesiculæ for its sides, and the prostate for its apex. B. C. xiv. 1. M. 39.

2034. XXXII. A. Bladder on which the operation of lithotomy had been performed about a year before death. The cicatrix of incision is seen. Enlarged prostate and thickening of the bladder near the vesiculæ seminales, which existed at the time of operation. Presented by Professor Turner and Dr Stenhouse. G. C. 343.

2035. XXXII. A. Bladder of a patient who was operated on for stone, and who died on the fifth day. Coats thickened, and apparently a pouch on each side near the entrance of the ureter. B. C. xiv. 1. M. 70.

2035. *a.* XXXII. A. Bladder of a person 68 years of age, who had been cut for stone eight years before. Presented by Dr Simson. G. C. 1598.

2036. XXXII. A. Bladder of a child on whom the operation of lithotomy was performed. The coats are very thick, and the cavity small. The stone was not extracted, and the child died. B. C. xiv. 1. M. 69.

2037. XXXII. A. Bladder of a boy six years of age, from which a calculus of a large size was removed by the high operation. Presented by Sir George Ballingall. G. C. 821.

2038. XXXII. A. A large calculus in the fundus of the bladder of a man aged 82. Presented by Dr Gairdner. G. C. 1240.

2039. XXXII. A. Preparation shewing the change that has taken place in a bladder punctured above the pubes eight years before the patient's death. Obliteration of the urethra for nearly an inch in the site of the bulb. Presented by W. Newbigging, Esq. G. C. 65.

2039. *a.* XXXII. A. Bladder containing several small cal-

culi, and presenting calculous tubercles at its orifice. The prostate is also diseased. G. C. 960.

2040. XXXII. A. Bladder containing numerous calculi; the prostate enlarged. It was punctured from above the pubes. G. C. 943.

2041. Table V. Cast of the bladder and rectum of a patient who died after the operation of lithotomy. One stone had been extracted, another was found on dissection. The cast was taken to shew the relation of the stone to the opening of the bladder, and the great depth of the outward incision to the inside of the bladder. Abscesses had also formed by the side of the rectum. B. C. xiv. 1. M. 69. a.

2041. *a*. XXXII. A. Portion of a bladder of a patient who died of stone, which was breaking down spontaneously. There are several small pouches formed by projection of the inner between the fibres of the muscular coat, and the orifice is seen of a larger sac, which was situated between the rectum and bladder. This large sac was filled with sabulous matter mixed with animal substance, and an irregular fragment of calculus is seen in one of the smaller pouches. The remaining part of the stone, and numerous fragments, passed by the patient during life among the calculi. See No. 1966. Presented by Professors Thomson and Turner.

2042. XXXII. A. An immense number of calculi adhering to the bladder. One of the larger plugs up one of the ureters. Another has made its way nearly through the coats of the bladder. Bell's Surg. Observ. p. 444. pl. xii. B. C. xiv. 1. M. 75.

2043. XXXII. A. Bladder with a large calculus and cyst. Presented by Professor Russell. G. C. 1069.

2044. XXXII. A. Calculus contained in a sac in the fundus of the bladder. B. C. xiv. 1. M. 73. W. C. HH. 14.

2045. XXXII. A. Bladder in which there were three cal-

cali. One of them was sacculated, and remains in place. Presented by Dr Bell, Dundee. G. C. 927.

2046. XXXII. A. Bladder with various sacs, and stone sacculated in the prostate. From a person 68 years of age. G. C. 959.

2047. XXXII. A. The bladder thickened, its muscular fasciculi very distinct; the prostate enlarged. At the fundus, the bladder opens by a hole into a large sac, which formed a cavity between the fundus, the peritonæum, and the abdominal muscles, and contained a calculus weighing four ounces. Bell's Surg. Observ. i. p. 445. pl. x. B. C. xiv. l. M. 67.

2048. XXXII. A. Bladder in which five sacs were found communicating with its cavity. A large sac is also formed between the muscular and cellular coats, which was filled with a purulent fluid. Presented by Professor Thomson. G. C. 64.

2049. XXXII. A. Bladder after the lateral operation for stone. It is much thickened, and several pouches of various sizes communicate with its cavity. Presented by W. Newbigging, Esq. and Professor Turner. G. C. 147.

2050. XXXII. A. Sacculated bladder forming two cavities, of nearly equal size, and having a common septum which is perforated by a hole an inch in diameter. Bell's Surg. Observ. i. p. 444. B. C. xiv. l. M. 81.

2051. XXXII. A. Thickened bladder with a stone in it. From a patient who died the day after his admission into the hospital. Presented by Professor Thomson. G. C. 63.

2052. XXXII. A. Bladder opened laterally, exhibiting a very large rough stone. It is much thickened, and the stone occupies its entire cavity. It was extracted, but is here replaced to shew the difficulty of seizing a stone so situated with the blades of the forceps, and the degree of violence which must

be used to bring it through the incision. Bell's Surg. Observ. vol. i. p. 446. B. C. xiv. 1. M. 74.

2053. XXXII. A. Bladder much thickened, and containing a calculus. Bell's Surg. Observ. i. 446. B. C. xiv. 1. M. 72.

2054. XXXII. B. Bladder which had suffered much distention in consequence of stricture in the urethra. Two remarkable pouches project from it. No stone was found. Bell's Surg. Observ. i. 444. B. C. xiv. 1. M. 82.

2055. XXXII. B. Bladder with stone sacculated in the prostate. G. C. 961.

2056. XXXII. A. Bladder of which the internal surface is ulcerated. Deep excavations are found in the prostate gland, and there are two small ulcerations in the urethra. From the same patient as the kidney No. 1973. Presented by George Bell, Esq. G. C. 62.

2056. *a.* XXXII. B. Section of diseased bladder and prostate, with a fungous tumour projecting into the cavity of the former. See No. 1988. Presented by Dr Th. J. Aitkin. G. C. 1597.

2. Prostate Gland.

2057. XXXII. B. Diseased prostate gland. The posterior part projects into the bladder. It is seen that this part has been transfixed by the catheter, and in another place injured. The bladder was punctured above the pubes. The patient had a hernia. B. C. xiv. 1. M. 66. a.

2057. *a.* XXXII. B. Preparation shewing the commencement of valvular obstruction to the urine, produced by the projection of part of the prostate anterior to the third lobe. It also shews that the muscles of the ureters are inserted into that part of the prostate which, when diseased, projects into the

bladder. See Med. Chir. Trans. 1812, and Bell's Surg. Obs. p. 222. B. C. xiv. 1. M. 58.

2058. XXXII. B. Tumour in the bladder of a man about 70 years of age, proceeding from the prostate gland. There has also been a false passage in the neck of the bladder. Presented by Professor Russell. G. C. 1068.

2059. XXXII. B. Enlarged prostate with thickened bladder. Presented by Dr Molison. G. C. 504.

2059. *a*. XXXII. B. Prostate generally enlarged. It was necessary to introduce the catheter regularly, for some time before death. B. C. xiv. 1. M. 62.

2060. XXXII. B. Enlarged prostate. Presented by Mr Brown. G. C. 851.

2061. XXXII. B. Middle lobe of the prostate greatly enlarged; the rugæ of the bladder increased in size.

2062. XXXII. A. The prostate greatly enlarged, and of a scirrhous texture. The middle lobe has pushed itself upwards and forwards in the cavity of the bladder so as to cover the meatus urinæ, and act as a valve. B. C. xiv. 1. M. 65. W. C. HH. 16.

2063. XXXII. B. Prostate gland enlarged and hardened, apparently of fibrous texture; the coats of the bladder thickened. It contains several small calculi. Presented by Professor Thomson. G. C. 148.

2064. XXXII. B. Enlargement of the third lobe of the prostate, with the rugæ of the bladder greatly increased in size. Presented by William Wood, Esq. G. C. 149.

2065. XXXII. B. Disease of the prostate. The whole gland has a tuberculated appearance, but that portion into which the muscles of the ureter are inserted is most enlarged. There

are several calculi in the substance of the gland. B. C. xiv. 1. M. 60.

2066. XXXII. B. Prostate gland diseased, and having a tuberculated appearance. Presented by Dr Abercrombie. G. C. 877.

2067. XXXII. B. Cavity in the prostate gland which communicated with the urethra, forming a kind of fistula in perinæo. B. C. xiv. 1. M. 46.

2068. XXXII. B. Tuberculated and general enlargement of the prostate gland. The part which is described as the third lobe is enlarged, but projects towards the rectum. B. C. xiv. 1. M. 61. b.

2069. XXXII. B. Prostate gland enlarged and tuberculated. From a patient upwards of 70 years of age. Presented by Dr Gairdner. G. C. 1257.

2070. XXXII. B. Bladder and prostate of a boy thirteen years of age, whose case is given at p. 25 of Bell's Treatise on the Urethra. The great source of the disease was in the kidney, but the consequence of the irritation on the bladder was to excite the muscles of the ureters so to pull on the middle parts of the prostate as to form a valvular projection, similar to that considered as peculiar to old men. The foramen cœcum of the caput gallinaginis is very large. See No. 1978. a. B. C. xiv. 1. M. 68. a.

2071. XXXII. B. An extreme enlargement of the prostate gland and bladder, forming a fine contrast to the last preparation. The patient, who was 80 years of age, suffered no inconvenience till three weeks before his death. He was in the first instance attended by a surgeon who made a false passage, in which is now a probe. B. C. xiv. 1. M. 68.

2072. XXXII. B. A great number of calculi in the prostate, which is almost destroyed, as are the membranous part

and bulb of the urethra. A large abscess formed in the perineum, some of the calculi found in which are lying in the bottom of the bottle. B. C. xiv. 1. M. 64. a.

2073. XXXII. c. Prostate gland enlarged, and having numerous calculous depositions in its substance. There was a very tight stricture at the bulb. Presented by William Wood, Esq. and Professor Turner. G. C. 265.

2074. XXXII. c. Left side of the bladder of the same patient, shewing great thickening of the muscular coat, and the formation of sacs above the orifice of the ureter. One of them is of the size of an egg, but has a narrow communication with the bladder; another is of the size of a nut, and the rest are smaller. Muscular fasciculus, which passed from orifice of ureter to neck of bladder, dissected, and seen very strong. Presented by William Wood, Esq. and Professor Turner. G. C. 269.

2075. XXXII. B. Bladder much thickened and inflamed; prostate having a large abscess into which the catheter was pushed by the surgeon. A bougie is placed in the hole, by which the catheter entered. B. C. xiv. 1. M. 29.

2076. XXXII. c. The external part of the prostate forms the sac of an abscess. Externally of this sac another cyst is seen, which communicated with the cavity of the abdomen. B. C. xiv. 1. M. 41. b.

2077. XXXII. c. Preparation shewing the situation of the catheter in relation to that part of the prostate which is so commonly diseased. It is here made evident that the obstruction to the flow of urine is in consequence of the valvular projection of the gland falling down on the orifice of the urethra. See Bell on Diseases of Urethra, p. 58. pl. ii. fig. 3. B. C. xiv. 1. M. 66.

2078. XXXII. c. Enlarged prostate gland partially laid open. Probes are inserted into the urinary duct.

2079. XXXII. c. Large abscess in the prostate. The patient had long suffered from stricture, and for three years had stillicidium. The irritation of the bougie produced abscess between the rectum and bladder, which burst into the cavity of the abdomen. B. C. xiv. 1. M. 41. a.

2080. XXXII. c. Scrofulous abscess of the prostate of a boy eleven years of age. It burst outwardly in the perinæum. The prostate is destroyed by ulceration. A bristle is introduced into the hole leading to the opening in the perinæum. Thickening and ulceration of the orifice of the right ureter. Both kidneys were diseased and full of scrofulous matter. See No. 1976. B. C. xiv. 1. M. 68. c.

2081. XXXII. c. Diseased prostate, of which the tissue resembles medullary sarcoma more than scirrhus. The patient was an old man, naturally very irritable, and the pain which he suffered increased his bad temper so much that his children could not live with him. B. C. xiv. 1. M. 68. b.

2082. XXXII. c. Prostate gland greatly enlarged and of a scirrhous hardness. The bladder thickened. Presented by Dr Maclagan. G. C. 1242.

2083. XXXII. c. Scirrhus of the rectum extending to the prostate. B. C. xiv. 1. M. 63.

2084. XXXII. c. Enlarged prostate with calculus. Presented by George Bell, Esq. The inner membrane of the bladder flocculent. G. C. 150.

2085. XXXII. c. Scirrhous prostate, with greater enlargement of the right side, bending, narrowing, and deepening the canal. The inner membrane of the bladder near the neck flocculent. Presented by Professor Turner. G. C. 270.

2086. XXXII. c. Diseased prostate. The greater part has been destroyed by abscess and ulceration. Presented by Dr Thomson. G. C. 61.

2086. *a.* XXXII. c. Diseased prostate, the middle lobe greatly enlarged. Presented by Sir George Ballingall. G. C. 1599.

2086. *a.* XXXII. c. Prostate gland much enlarged, with a false passage made into it by the bougie, in consequence of the improper use of caustic. B. C. xiv. 1. M. 61.

2087. XXXII. c. Part of the bladder, prostate gland, and urethra of a patient in whom the surgeon found much difficulty in passing the catheter. The prostate is generally enlarged; the ducts on the side of the caput gallinaginis are very large, and it would appear that the catheter has passed into one of them. The muscles of the ureters are dissected, and shewn to be attached to the projecting part of the gland. B. C. 1. M. 59. W. C. HH. 17.

2088. XXXII. c. Bladder, prostate gland, and vesiculæ seminales. The bladder is much thickened, and has many pouches formed in its coats, the internal membrane in some points ulcerated. The prostate is scirrhous, but not much enlarged. The vesiculæ seminales and vasa deferentia are much larger and more distended than usual. B. C. xiv. 1. M. 64.

2089. XXXII. c. Bladder of an old gentleman, who was long subject to pain in the region of the kidneys and bladder. For a week or two before his death, he was occasionally affected with retention of urine, for the relief of which the use of the catheter was required. It was always introduced with difficulty, and even after it had entered the cavity of the bladder, the urine was only brought off by variations of the posture of the body. On dissection, several large sacs were found connected with the bladder, one of them exceeding in size the cavity of the bladder itself. The bladder and sacs contained a quantity of soft calcareous matter, of a white chalk-like appearance. The prostate gland was considerably enlarged. Presented by William Wood, Esq. G. C. 1258.

2090. XXXII. c. Abscess of the prostate gland, leaving the canal of the urethra entire. Presented by Professor Thomson. G. C. 151.

SECTION III. DISEASES OF THE URETHRA.

2091. XXXII. d. Example of preternatural opening of the urethra below the glans. At the distance of an inch and a half from the glans, there is the first appearance of the formation of a stricture. There is no perforation of the glans, but in place of it three small holes sufficient to admit probes, but having no connexion with the urethra. B. C. xiv. 1. m. 1. a.

2092. XXXII. d. A very narrow stricture in the orifice of the urethra. Part of the penis has been destroyed by ulceration. The internal membrane of the urethra is very much thickened. B. C. xiv. m. 1. b.

2093. XXXII. d. A very narrow stricture of the orifice of the urethra. Large abscesses formed round the root of the penis, and the lower part of the belly, in consequence of the stricture. See Bell's Treat. on Diseases of the Urethra, pp. 109 and 246. B. C. xiv. 1. m. 2.

2094. XXXII. d. A small tumour attached to the lower part of the urethra, originally formed by the inflammation of one of the lacunæ. See Bell's Treat. on Dis. of Urethra, p. 250. B. C. xiv. 1. m. 3.

2095. XXXII. d. Preparation shewing an inflamed condition of the internal membrane of the urethra. B. C. xiv. 1. m. 3. a.

2096. XXXII. d. Frenulum or bridle stricture of the urethra. It was several times touched with caustic alkali, with-

out being abraded. The patient died of disease in the lungs. See Bell on Dis. of Urethra, p. 133. B. C. xiv. 1. M. 4.

2096. *a.* XXXII. D. The bougie which was cut by the frenulum of last preparation. See Bell's Treat. on the Urethra, p. 139. B. C. xiv. 1. M. 5.

2097. XXXII. D. Strictures of the urethra. A false passage has been formed by the bougie anterior to the first stricture; there is considerable dilatation in the canal between the two strictures. Posteriorly to the second stricture, which is at the bulb, the urethra is very much dilated; and the ducts of the prostate are greatly enlarged. See Bell on Dis. of the Urethra, p. 7 and 124. B. C. xiv. 1. M. 4. a.

2098. XXXII. D. A stricture forming in the orifice of the urethra. See Bell's Treat. on Dis. of Urethra. B. C. xiv. 1. M. 6.

2098. *a.* XXXII. D. Portion of urethra, shewing the commencement of stricture. G. C. 956.

2099. XXXII. D. Kidneys, ureters, bladder, urethra and rectum. There was calculus in a larger sac situated on the lower part of the bladder to the right side. The right ureter entered the sac, the left the bladder. Ulceration and fistulous openings in the urethra, with transfusion of urine in the cellular membrane. Mr Allan.

2100. XXXII. D. Gorging of the penis with urine, and consequent mortification. A very narrow stricture is seen about an inch from the bulb; the urethra posterior to the stricture has ulcerated, and allowed the urine to escape. See Bell on Dis. of Urethra, p. 212. B. C. xiv. M. 49.

2101. XXXII. D. Model of the same case, representing the consequences of a rupture of the urethra behind a stricture, viz. gorging of the penis with urine, and mortification. Taken from the body after death. B. C. xiv. M. 49. a.

2102. XXXII. D. Bladder and urethra. The patient had suffered long from stricture, when the urethra gave way, and a urinary abscess formed, partly in the perinæum, partly over the abdominal muscles. The bladder was punctured from the rectum, but the patient died. Presented by Sir George Ballingall. G. C. 850.

2103. XXXII. D. A long and narrow stricture which commences just behind the sinus in the glans. B. C. xiv. 1. M. 6. a.

2104. XXXII. D. Urethra and bladder laid open. An urethral sound rests on a frenulum or common stricture. Lacunæ of the urethra very distinct. B. C. xiv. 1. M. 7.

2105. XXXII. D. The appearance which has been described as spasmodic stricture. It shews the first stage of the formation of stricture, inflammation having so destroyed the elasticity of a part of the membrane, that it does not dilate like the other parts. Engraved in Baillie's Morbid Anatomy, and Wilson's Lectures on the Urinary and Genital Organs. B. C. xiv. 1. M. 8. W. C. II. 14.

2106. XXXII. D. A narrow stricture of the urethra. There is laceration of the internal membrane, and the commencement of a false passage by the side of the stricture. B. C. xiv. 1. M. 8. a.

2107. XXXII. D. Cast of the urethra taken before dissection of the next preparation. The singular deformity of the cast shews the urethra to have been universally affected with contraction. B. C. xiv. 1. M. 9.

2108. XXXII. D. Urethra universally affected with thickening and contraction. The canal is at one point so narrow that only a bristle can be passed through the stricture. B. C. xiv. 1. M. 10. W. C.

2109. XXXII. D. Stricture of the orifice of the urethra.

The canal is diminished throughout; but at one point is very much thickened. B. C. xiv. 1. M. 10. a.

2110. XXXII. E. A narrow stricture at the anterior part of the caput gallinaginis. The urethra has been torn anterior to the stricture in attempting to pass the bougie. B. C. xiv. 1. M. 11.

2111. XXXII. E. A very narrow stricture at the bulb, from a person who had long suffered from stricture, but who died of another complaint. The urethra posterior to the stricture is rough and dilated. The ducts of the prostate are enlarged. B. C. xiv. 1. M. 12. W. C. II. 22.

2112. XXXII. E. Cast of the urethra in wax; *a*, the part of the urethra anterior to the first stricture and dilatable; *b*, a narrow stricture, behind which the wax has burst the tender coat of the urethra, and has run into the spongy body; *cc*, two inches and a half of the canal much contracted; *d*, sinus of the urethra capable of its natural distension; *e*, a very narrow stricture just behind the sinus; *f*, part of the canal embraced by the prostate; *g*, cavity of the bladder; *h*, wax escaped into the cellular membrane of the perinæum. B. C. xiv. 1. M. 13.

2113. XXXII. E. A stricture of the urethra at an inch and a half from the orifice; a narrowing of the canal for the space of two inches, and a stricture behind the bulb. Behind the latter stricture, the membrane of the urethra is burst up by the wax injection, shewing that this part is usually weakest. B. C. xiv. 1. M. 14.

2114. XXXII. E. Stricture with an ulcerated surface; the callosity extending to the surrounding spongy substance of the urethra. From a young soldier who died of pneumonia. B. C. xiv. 1. M. 17.

2115. XXXII. E. The urethra has suffered diminution of

its width to a great extent. A bristle is introduced into a very narrow stricture. B. C. xiv. 1. M. 17. a.

2116. XXXII. E. Remarkable degree of contraction of the urethra of an old man, with wasting of the spongy body. It is evident that caustic could have been of no use in such a case. See Bell's Treat. on the Urethra, p. 108. B. C. xiv. 1. M. 18.

2117. XXXII. E. The urethra very much contracted at the bulb for nearly two inches. A bristle marks a false passage made by attempting to pass a small sized instrument into the bladder. Behind the stricture, the canal is much dilated, and its surface ulcerated. The orifices of the ducts of the prostate very large. B. C. xiv. 1. M. 18. a.

2118. XXXII. E. Stricture with great thickening of the surrounding parts. There is ulceration before and behind the stricture. B. C. xiv. 1. M. 19.

2119. XXXII. E. Cast of the urethra and bladder of a Negro. See next article. Under the same glass is a catheter covered with incrustation. It had lain three weeks in the bladder of a patient, upon whom the operation for fistula in perinæo was performed. B. C. xiv. 1. M. 20.

2120. XXXII. E. Cancerous ulceration of the orifice of the urethra producing stricture. The cast is the last article. B. C. xiv. 1. M. 21.

2121. XXXII. E. A great part of the urethra at the orifice has been destroyed by ulceration. The canal very much contracted for more than three inches. The spongy body thickened and hard; the bladder corrugated and capable of containing very little urine. B. C. xiv. 1. M. 21. a.

2122. XXXII. E. Urethra injected with wax, and dissected so as to shew the effects of the stricture. The glans is partly destroyed by ulceration. Several portions of the thickened membrane have formed deep impressions on the wax, similar

to the indentation frequently seen on the bougie. B. C. xiv. 1. M. 22.

2123. XXXII. E. Stricture which had existed for many years, and so narrow that a bristle could hardly be passed through it. There is ulceration anterior to it, in consequence of an attempt to force the instrument into the bladder. The bladder is thickened, and the prostate gland somewhat enlarged. B. C. xiv. 1. M. 23. W. C. II. 20.

2124. XXXII. E. False passage made by the patient himself by using caustic. He died of a different disease. B. C. xiv. 1. M. 24.

2125. XXXII. E. Stricture with false passage made by the improper use of the caustic bougie. The urine escaped into the cellular membrane of the scrotum, and produced gangrene. B. C. xiv. 1. M. 27. W. C. II. 15.

2126. XXXII. E. A false passage made by the bougie. B. C. xiv. 1. M. 28.

2127. XXXII. E. Case in which the surgeon attempting to introduce the catheter, thrust it into the cavity of the abdomen, as well as into the rectum. Peritoneal inflammation ensued, and killed the patient. B. C. xiv. 1. M. 30. W. C. HH. 11.

2128. XXXII. E. Urethra very much contracted nearly through its whole extent. This state of the passage is produced by the inflammation of gonorrhœa, or by the improper use of irritating injections. In such a case the urethra feels tense and hard along all the lower part of the penis. B. C. xiv. 1. M. 31.

2129. XXXII. E. Cast of a urethra and bladder, of which the former was nearly in the same state as in the last preparation. At *a*, there is a sudden narrowing of the canal; from *a*

to *b*, the diminution is continued ; at *c*, the canal again remarkably diminished ; at *d*, the deep indentation in the wax was occasioned by the caput gallinaginis. B. C. xiv. 1. M. 32.

2130. XXXII. E. Case in which a small calculus fell against a stricture, and acting as a valve produced complete obstruction. The bladder was enlarged, ragged and spotted with extravasation ; the ureters and pelvis of the kidneys were distended and inflamed ; the urethra was full of coagulable lymph and pus. See Bell's Treat. on the Urethra, p. 275. B. C. xiv. 1. M. 33.

2131. XXXII. E. Anterior to the stricture is a false passage in the urethra, into which a bougie is now passed. For three weeks before his death, the patient had frequent attacks of retention of urine. Peritonitis unexpectedly supervened. B. C. xiv. 1. M. 34. a.

2132. XXXII. F. Urethra having two bridle strictures, another stricture in the membranous part, and several caruncles and warts in the sinus. B. C. xiv. 1. M. 15.

2133. XXXII. F. Cast of the above strictured urethra taken while in its natural situation : *a*, the first stricture ; *b*, the second ; *c*, the irregularity produced by the caruncles and warts in the sinus ; *d*, the stricture at the bulb. B. C. xiv. 1. M. 16.

2134. XXXII. F. Urethra ragged and torn, with portions of the inner membrane hanging loose, in consequence of bad treatment inducing inflammation. B. C. xiv. 1. M. 34.

2135. XXXII. F. False passage of great length made by the frequent use of the bougie. The stricture is very narrow, and is marked by a piece of wood. The urethra behind it is very much dilated, and has numerous bands running across it. B. C. xiv. 1. M. 26.

2136. XXXII. F. Strictured urethra, with false passage. There is also a bridle stricture at the membranous part.

2137. XXXII. F. Urethra with a very extensive false passage, enlargement of the prostate, thickening of the coats of the bladder, and indentation of its villous coat by the muscular coat. An incision has been made between the corpora cavernosa down to the false passage; a black bougie passed into the urethra, shews the points at which it communicates with that canal anteriorly and posteriorly; a black bristle is passed through a smaller longitudinal communication opposite the bulb. Besides these, there is a large direct, and a smaller oblique communication in the membranous part. The false passage is lined with a membrane scarcely distinguishable from that of the urethra itself. The kidneys were much diseased, their secerning portion having given place to a collection of cysts. Presented by Dr Gairdner. G. C. 1273.

2138. XXXII. F. Stricture so small as only to admit a bristle. There is a large sac in the state of abscess between the bladder and rectum. A bristle points out the communication between the bladder and the sac. B. C. xiv. 1. M. 41. c.

2139. XXXII. F. Stricture so complete that a bristle cannot be passed through it. The urethra has ulcerated behind the stricture. There is a white probe through the ulcer, which communicates with a false passage, into which a whalebone bougie is passed. A sloughy spot is seen in the fundus of the bladder, which would probably have given way had the urethra not ulcerated. See Bell on the Urethra, p. 182. B. C. xiv. 1. M. 40. b.

2140. XXXII. F. The urethra ulcerated and absorbed from the presence of the catheter. A sac containing nearly a pint of urine communicated with the bladder, as is shewn by the black probe. B. C. xiv. 1. M. 82. a.

2141. XXXII. F. Bladder, prostate, and part of the urethra of a patient who had suffered from stricture for 40 years. The urine finally escaped by an ulcer into the cellular membrane of the scrotum and penis. The stricture is very narrow and

plugged up by a calculus; and behind it, the urethra is covered with calculous matter. B. C. xiv. 1. M. 41.

2142. XXXII. F. Stricture of the urethra in the membranous part, of very small extent. There are two false passages. The patient died of retention of urine. Presented by Professors Thomson and Turner. G. C. 271.

2142. *a*. XXXII. F. Prostate gland with a small portion of the urethra in which stricture had been formed. Presented by Professor Thomson. G. C. 66.

2143. XXXII. F. Ulceration of the urethra producing fistula in perinæo. The ulceration had destroyed all the urethra posterior to the stricture. B. C. xiv. 1. M. 44. W. C. II. 19.

2144. XXXII. F. Stricture of the urethra with ulceration and passage of the urine into the scrotum. The urethra is dilated into a pouch behind the stricture, in it there is a cord of organized lymph, and the prostate is converted into two hollow bags. In the bladder a small circumscribed sac is seen on the left side, and on the right a tendency to a diffused pouch. Presented by William Newbigging, Esq. G. C. 267.

2145. XXXII. F. Ulceration of the bladder, urethra, and rectum. The preparation shews how much these parts may sometimes be wasted by disease. B. C. xiv. 1. M. 45. W. C. II. 18.

2146. XXXII. F. Sloughing of a large portion of the urethra. The patient had been for some time under the care of a surgeon, who, he suspected, had made false passages with the bougie. He became alarmed, and went to the Lock Hospital, but died the day on which he was admitted. B. C. xiv. 1. M. 47. W. C. II. 21. a.

2147. XXXII. F. Fistula or abscess in perinæo. There is no breach in the urethra, so that the abscesses have probably been produced by irritation. B. C. xiv. 1. M. 42.

2148. XXXII. F. Inflammation extending from the stricture to the bladder in consequence of an improper use of caustic. The patient died exhausted with long suffering. B. C. xiv. 1. M. 35.

2149. XXXII. F. Urethra and bladder slit open. The inner membrane of the urethra was highly inflamed, and in many points ulcerated. The prostate contained pus. An ulcer took place in the urethra, and allowed the urine to pass into the scrotum, which mortified. B. C. xiv. 1. M. 43. W. C. II. 21.

2150. XXXII. F. A stricture which had existed many years. The bladder was punctured by the side of the prostate. After ten days, the catheter was passed into the bladder by making an incision into the perinæum. There was a false passage from which the point of the catheter passed into the urethra, where it was cut behind the stricture. The stricture was not itself cut. Sloughing of the scrotum took place, from which the patient sunk. B. C. xiv. 1. M. 40. a.

2151. XXXII. F. Bursting of the urethra behind the stricture. The urethra gave way suddenly three inches from the bulb. The urine injected the scrotum, and the integuments of the penis, which mortified and sloughed. B. C. xiv. 1. M. 48.

2152. XXXII. F. Abscess in connexion with the urethra. The patient, endeavouring to allay irritation by using a straw as a bougie, brought on urinary abscess. B. C. xiv. 1. M. 55.

2153. XXXII. G. Bursting of the urethra. The bladder shews marks of having been inflamed. Several abscesses communicate with the urethra. The scrotum is thickened and consolidated by extravasation of urine. A probe is introduced through the opening made in the perinæum. B. C. xiv. 1. M. 50.

2154. XXXII. G. Cast in wax of the urethra of last preparation: *a*, the part of the urethra anterior to the stricture;

b, a portion of wax which has run into a breach of the urethra made by the surgeon; *c*, the stricture; *d*, a false passage made by the caustic and bougie; *f*, an abscess or sinus formed in the perinæum; *g*, another abscess on the opposite side; *e*, the canal behind the stricture greatly dilated; *h*, neck of the bladder; *i*, abscess of prostate; *k*, another abscess. B. C. xiv. 1. M. 51.

2155. XXXII. G. Bursting of the urethra. The stricture is very narrow; an ulcer is seen behind it. In the cavernous body there is a sloughy abscess, not connected with the urethra. The urine escaping into the perinæum and scrotum caused mortification. See Bell's Treat. on the Urethra, p. 209. B. C. xiv. 1. M. 52.

2156. XXXII. G. Fistulous communication between the commencement of the urethra and the rectum. B. C. xiv. 1. M. 53.

2157. XXXII. G. Ulceration of the urethra behind a stricture causing fistula in perinæo. There is great dilatation of the urethra behind the stricture. B. C. xiv. 1. M. 56. a.

2158. XXXII. G. Recto-urethral and perinæal fistulæ. There is also an appearance of stricture in the urethra. The right testicle was deeply ulcerated. Presented by Mr Young. G. C. 806.

2159. XXXII. G. A very narrow stricture at an inch from the glans. All the urethra posterior to it is very much dilated, the lower part of the passage obstructed by filaments running across it, and the enlargement of the ducts of the prostate. B. C. xiv. 1. M. 50. a.

2160. XXXII. G. Bladder and urethra. The patient was brought into the Middlesex Hospital having the cellular membrane of the scrotum and penis distended with urine. He died from extensive sloughing of the parts. The bladder, of which the inner surface is disorganized, contained only pus. The prostate was full of greenish matter, and an abscess in the spongy

body of the bulb had also pus in it. The stricture is exactly like a *velum* spread across the canal of the urethra; the smallest bristle cannot be passed through it. B. C. xiv. 1. M. 52. a.

2161. XXXII. G. Fistula in perinæo. There are two holes near the membranous part, where the catheter passed out of the urethra, between the rectum and bladder. There was great ulceration in the internal coat of the bladder, which was larger than natural. B. C. xiv. 1. M. 54. a.

2162. XXXII. G. Strictured urethra, with a large urinary abscess surrounding, but not communicating with it. See Bell on the Urethra, p. 253. B. C. xiv. 1. M. 57.

2163. XXXII. G. There is a narrow stricture at the bulb; the muscles of the ureters very strong. An irregular network has formed posterior to the stricture, from the enlargement of the orifices of the ducts of the prostate. B. C. xiv. 1. M. 58. a.

2164. XXXII. G. The urethra contracted for some length, and having a very narrow stricture at the bulb. The commencement of a false passage, where the urethra bends under the pubes, is marked by a bristle. The ducts of the prostate are enlarged, and calculi sticking in them. B. C. xiv. 1. M. 64. b.

2165. XXXII. G. Stricture with diseased prostate. The stricture was forced, and the catheter carried along the spongy body; on another occasion, the catheter passed into the prostate. The bladder is contracted and corrugated. B. C. xiv. 1. M. 64. c.

2166. XXXII. G. Several fistulous passages from the membranous part of the urethra into the perinæum. Presented by Professor Thomson. G. C. 152.

2167. XXXII. G. Great destruction of the prostate and urethra. The testicles also were diseased, and the extremity

of the vas deferens of one was completely dissolved. See Bell's Treat. on the Urethra, p. 222. B. C. xiv. 1. M. 54.

2168. XXXII. G. Fistula in perinæo; fistula opening into the incision, a stricture almost closing the canal, and an ulcer posterior to it. The inner coat of the bladder rough from inflammation. See Bell's Treatise on the Urethra, p. 215. B. C. xiv. 1. M. 56.

2169. XXXII. G. Preparation of the worst species of fistula in perinæo. The stricture as hard as a board. The patient sunk from irritation. B. C. xiv. 1. M. 57. a.

2170. XXXII. G. Bladder punctured from the rectum. There was stricture of the urethra, which had been treated first with the bougie, and afterwards with caustic, but without permanent benefit. Retention of the urine having taken place, Mr Allan punctured the bladder from the rectum, but the patient died in a month after the operation. G. C. 958.

SECTION IV. URINARY CALCULI.

This extensive collection, which is arranged in Table No. 3, is divided into several groups.

a. Calculi from the Bell Collection.

Formerly contained in the Museum in Great Windmill Street, London, and analyzed in 1824 and 1825, by John F. Wood, Esq. then lecturer on chemistry at the Middlesex Hospital.

2171. Uric acid. B. C. calc. 1.

2172. Uric acid. B. C. calc. 2.

2173. Uric acid. B. C. calc. 3.

2174. Fusible calculus containing a little uric acid. B. C. calc. 4.

2175. Uric acid. B. C. calc. 5.

2176. Uric acid. B. C. calc. 6.

2177. Uric acid. B. C. calc. 7.

2178. Uric acid, succeeded by a thin layer of fusible calculus. B. C. calc. 8.

2179. Oxalate of lime nucleus, surrounded by a mixture of the uric acid and phosphates. B. C. calc. 9.

2180. Uric acid nucleus, succeeded by alternate layers of uric acid and the phosphates. B. C. calc. 10.

2181. Uric acid. B. C. calc. 11.

2182. Fusible calculus. B. C. calc. 12.

2183. Nucleus of triple phosphate, succeeded by the oxalate of lime. B. C. calc. 13.

2184. Oxalate of lime (mulberry). B. C. calc. 14.

2185. Uric acid, oxalate of lime, and the triple phosphates, intimately mixed. B. C. calc. 15.

2186. Uric acid. B. C. calc. 16.

2187. Uric acid. B. C. calc. 17.

2188. Nucleus, phosphate of lime, surrounded by a mixture of both the phosphates and the oxalate of lime. B. C. calc. 18

2189. Uric acid and fusible in nearly equal proportions, with a small portion of oxalate of lime. B. C. calc. 19.

2190. Fusible calculus, containing a little uric acid. The nucleus contains more acid than the rest of the calculus. B. C. calc. 20.

2191. Cystic oxide. B. C. calc. 21.

2192. Oxalate of lime nucleus, surrounded by fusible, containing a little uric acid. B. C. calc. 22.

2192. *a.* Is of a similar composition. B. C. calc. 22. a.

2193. Nucleus, oxalate of lime; first layer oxalate of lime, mixed with a little fusible calculus; second layer, fusible, and oxalate of lime; external coat very thin, of pure fusible. The calculus is thus composed of four distinct layers. B. C. calc. 23.

2194. Uric acid nucleus, surrounded by fusible calculus, containing a little uric acid. B. C. calc. 24.

2195. Uric acid, mixed with a very little oxalate of lime. B. C. calc. 25.

2196. Fusible mixed with a little uric acid. B. C. calc. 26.

2197. Uric acid. B. C. calc. 27.

2198. Uric acid. B. C. calc. 28.

2198. *a.* This calculus is exteriorly uric acid, and is apparently similar to the last. B. C. calc. 28. a.

2199. Phosphate of lime, with a little carbonate of lime. B. C. calc. 29.

2200. Fusible and uric acid, mixed about equally. B. C. calc. 30.

2201. Uric acid nucleus, surrounded by fusible calculus. B. C. calc. 31.

2202. Fusible mixed with uric acid. B. C. calc. 32.

2203. Nucleus, uric acid; first layer, phosphate of lime; second layer, oxalate of lime; external coat, triple phosphate. B. C. calc. 33.

2204. Uric acid. B. C. calc. 34.

2205. Uric acid, with a thin external coating of triple phosphate. B. C. calc. 35.

2206. Uric acid nucleus, surrounded by a mixture of oxalate of lime with urate of ammonia. B. C. calc. 36.

2207. Uric acid. B. C. calc. 37.

2207. *a.* The nucleus of uric acid, surrounded by oxalate of lime. Taken from the urethra. B. C. calc. 37. a.

2208. Uric acid. B. C. calc. 38.

2208 *a*. Uric acid and fusible intimately mixed. B. C. calc. 38. a.

2208. *b*. Uric acid and fusible intimately mixed. B. C. calc. 38. b.

2208. *c*. Uric acid and fusible intimately mixed. B. C. calc. 38. c.

2208. *d*. Uric acid externally. Nucleus uric acid. B. C. calc. 38. d.

2209. Phosphate of lime, with a thin external coat of fusible. B. C. calc. 39.

a. Phosphate of lime. B. C. calc. 39. a

b. Fusible. B. C. calc. 39. b.

2210. Uric acid nuclei, surrounded by a mixture of uric acid and oxalate of lime. B. C. calc. 40.

2211. Phosphate of lime, surrounded by fusible in distinct layers. B. C. calc. 41.

2212. Uric acid. A thin external coat of uric acid and oxalate of lime mixed. B. C. calc. 42.

2213. Oxalate of lime nucleus, the remainder uric acid. B. C. calc. 43.

2214. Uric acid. B. C. calc. 44.

2215. Uric acid. B. C. calc. 45.

2215. *a*. A mixture of oxalate of lime and uric acid. B. C. calc. 45.

2216. Cystic oxide. B. C. calc. 46.

2217. Triple phosphate. B. C. calc. 47.

2218. Fusible, mixed with a little uric acid. B. C. calc. 48.

2219. Fusible with rather less phosphate of lime than usual B. C. calc. 49

2220. Fusible, mixed with a little uric acid. B. C. calc. 50.

2221. Carbonate of lime with a little animal matter. B. C. calc. 51.

2222. Urate of ammonia. B. C. calc. 52.

2223. Uric acid. B. C. calc. 53.

2224. Oxalate of lime mixed with a little triple phosphate, principally in the outermost layer. B. C. calc. 54.

2224. *a.* Triple phosphate with a very little oxalate of lime. B. C. calc. 54. a.

2225. Fusible mixed with uric acid. B. C. calc. 55.

2226. Carbonate of lime mixed with the phosphates. B. C. calc. 56.

2227. Uric acid. B. C. calc. 57.

2228. Fusible. B. C. calc. 58.

2228. *a.* Uric acid, with a great deal of animal matter. B. C. calc. 58.

2229. Carbonate of lime, with a very small portion of animal matter. B. C. calc. 59.

2230. Uric acid. B. C. calc. 60.

2231. Phosphate of lime. B. C. calc. 61.

2232. Uric acid, mixed with a considerable portion of oxalate of lime. B. C. calc. 63.

2233. Nucleus, oxalate of lime and uric acid, the remainder triple phosphate. B. C. calc. 64.

2234. Nucleus, uric acid; first layer fusible, mixed with uric acid; second or external layer pure fusible. B. C. calc. 65.

2235. Nucleus of pure uric acid, the remainder uric acid, mixed with oxalate of lime. B. C. calc. 66.

2236. Uric acid, fragment of a large calculus. B. C. calc. 66. a.

2237. Nucleus, fusible mixed with uric acid, the remainder pure fusible. B. C. calc. 67.

2238. Oxalate of lime and animal matter. B. C. calc. 68.

2239. Uric acid. B. C. calc. 69.

2240. Phosphate and carbonate of lime mixed. B. C. calc. 69. a.

2241. A mixture of uric acid and fusible in the form of scales, as if taken from some vessel in which urine had been standing. B. C. calc. 70.

2242. Oxalate of lime with a face of phosphate of lime and uric acid. B. C. calc. 71.

2243. Oxalate of lime. B. C. calc. 72.

2244. Fusible with a little uric acid. B. C. calc. 73.

2245. Uric acid. B. C. calc. 74.

2246. Uric acid. B. C. calc. 75.

2247. Uric acid. B. C. calc. 76.

2248. Nucleus, oxalate of lime, surrounded by uric acid. B. C. calc. 77.

2249. Nucleus, oxalate of lime, surrounded by uric acid. B. C. calc. 78.

2250. Uric acid, surrounded by a very thin layer of oxalate of lime, mixed with uric acid. B. C. calc. 79.

2251. Nucleus, oxalate of lime and uric acid, surrounded by fusible. B. C. calc. 80.

2252. Pure fusible. B. C. calc. 81.

2253. Uric acid, mixed with a very little oxalate of lime. B. C. calc. 82.

2254. Uric acid, mixed with a very little oxalate of lime. B. C. calc. 83.

2255. Oxalate of lime, mixed with a little uric acid. B. C. calc. 84.

2256. Uric acid. B. C. calc. 85.

The above collection contains 95 calculi, of which the abstract analysis is as follows :

29 *Uric acid*, being about $\frac{1}{3}$.
2 *Cystic oxide.*
5 *Oxalate of lime*, being $\frac{1}{19}$.
20 *Phosphates*, being rather more than $\frac{1}{5}$.
26 *Alternating calculi*, being nearly $\frac{1}{19}$.
11 *Mixed or compound*, being nearly $\frac{1}{8}$.
2 *Carbonate of lime.*

b. Calculi presented by Professor Russell.

2257. Uric acid, with phosphates of magnesia and ammonia.

2258. Urate of ammonia, with oxalate of lime.

2259. Urate of ammonia, oxalate of lime, and phosphates of magnesia and ammonia.

2260. Urate of ammonia, with phosphates of magnesia and ammonia.

2261. Urate of ammonia, with phosphates of magnesia and ammonia. Three calculi with a very regular tetrahedral form.

2262. Urate of ammonia, with oxalate of lime: the surface very tubercular.

2263. Urate of ammonia.

2264. Urate of ammonia, with oxalate of lime.

2265. Uric acid, with phosphates of magnesia and ammonia. There is a process about an inch in length, which extended up into one of the ureters.

2266. Uric acid.

2267. Phosphates of magnesia and ammonia.

2268. Calculus taken from the bladder by the urethra.

2269. Uric acid.

2270. Uric acid.

2271. Uric acid.

c. CALCULI PRESENTED BY DR CRICHTON, DUNDEE.

This collection was analyzed by Dr Fyfe, Lecturer on Chemistry, Edinburgh.

2272. Uric acid, with oxalate of lime. Weight of the entire calculus, 396 grs.

2273. Uric acid. 83 grs.

2274. Phosphate of lime, with a slight admixture of oxalate of lime. 46 grs.

2275. Uric acid, with a mixture of uric acid and phosphate of lime. 134 grs.

2276. Uric acid. 14 grs.

2277. Uric acid. 9 grs.

2278. Uric acid. 14 grs.

2279. Broken into fragments. Uric acid. 146 grs.

2280. Uric acid. 47.5 grs.

2281. Uric acid. 16 grs.

2282. Uric acid. 15 grs.

2283. Uric acid. 8 grs.

2284. Uric acid. 46 grs.

2285. Uric acid. 393 grs.

2286. Uric acid. 287 grs

2287. Uric acid. 55 grs.

2288. Uric acid, with phosphate of lime. 117 grs.

2288. *a*. Calculus broken into fragments. 82.5 grs.

2289. Uric acid. 94 grs.

2290. Phosphate of lime, and phosphate of magnesia and ammonia, mixed with a little uric acid. 56 grs.

2291. Uric acid, with oxalate of lime. 140.5 grs.

2292. Uric acid. 55 grs.

2293. Uric acid. 11.5 grs.

2294. Uric acid. 64 grs.

2295. Phosphate of lime, and phosphate of magnesia and ammonia, with slight admixture of uric acid. 141 grs.

2296. Uric acid, with phosphate of lime. 5 grs.

2297. Uric acid, with oxalate of lime. 357 grs.

2298. Uric acid. 426 grs.

2299. Phosphates of magnesia and ammonia. 176 grs.

2300. Uric acid. 301 grs.

2301. Uric acid. 353 grs.

2302. The centre, uric acid; as far as the outer white crust, uric acid; white crust, phosphate of magnesia and ammonia, with a little uric acid. 589.

2303. Uric acid; second layer, uric acid; outer part, phosphate of magnesia and ammonia. 162 grs.

2304. Uric acid. 153 grs.

2305. Uric acid. 181 grs.

2306. Uric acid, with phosphate of magnesia and ammonia, with a little uric acid mixed. 177 grs.

2307. Phosphate of lime, and phosphate of magnesia and ammonia, mixed (fusible). 390 grs.

2308. Uric acid, the largest piece; uric acid and phosphate of lime, the other. 127 grs.

2309. Uric acid. 2 oz. 520 grs. Many of the outer layers not complete, being intersected by grooves formed in the site of the orifices of the uterus.

2310. Uric acid; second layer, oxalate of lime; outer white part mixed phosphates (fusible). 1478 grs.

2311. Uric acid. 1893 grs.

2312. Uric acid. 1895 grs.

2313. Uric acid. 1490 grs.

2314. Uric acid. 1488 grs.

2315. Uric acid. 521 grs.

2316. Uric acid. 541 grs.

2317. Uric acid. 1657 grs.

2318. Uric acid. 968 grs.

2329. Uric acid. 889 grs.

2320. Uric acid. 284—176 grs.

2321. Uric acid. 434 grs.

2322. Uric acid; second layer, uric acid; outer layer, uric acid and phosphate of lime. 620 grs.

2323. Uric acid. 1461 grs.

2324. Uric acid; white layer, phosphate of magnesia and ammonia; outer part, uric acid. 1738 grs.

2325. Uric acid. 370 grs.

2326. Uric acid. 991 grs.

2327. Uric acid. 337 grs.

2328. Uric acid. 419 grs.

2329. Uric acid, with uric acid and oxalate of lime. 389 grs.

2330. Uric acid. 311 grs.

2331. Uric acid. 298 grs.

2332. Uric acid. 186 grs.

2333. Uric acid. 424—381 grs.

2334. Phosphate of lime, and phosphate of magnesia and ammonia, mixed (fusible), with a slight admixture of sulphuric acid. 192 grs.

2335. Uric acid. 72 grs.

2336. Uric acid. 90 grs.

2337. Uric acid. 166 grs.

2338. Uric acid. 127 grs.

2339. Uric acid. 6 oz.

2340. Uric acid. 143 grs.

2341. Uric acid. 64—69 grs.

2342. Fusible calculus.

2343. Uric acid, and phosphate of magnesia and ammonia in alternate layers. Tetrahedral form.

2344. Uric acid.

2345. Uric acid.

2346. Uric acid.

2347. Uric acid.

2348. Uric acid.

d. CALCULI PRESENTED BY WILLIAM NEWBIGGING, ESQ.

Analyzed by Dr Fyfe, Lecturer on Chemistry, Edinburgh.

2349. Section of a uric acid calculus, which weighed 7 oz.

2349. *a.* Cast of the above calculus. It was nearly divided in the middle by a deep groove. One of the portions was contained in a sac, which caused great resistance in extracting it. The patient did well. G. C. 1615.

2350. Uric acid, with phosphate of magnesia and ammonia.

2351. Uric acid.

2352. Uric acid, with phosphate of magnesia and ammonia. The layers much thicker on one side than the other.

2353. Uric acid.

2354. Uric acid.

2355. Uric acid.

2356. Uric acid.

2357. Uric acid.

2358. Uric acid.

2359. Uric acid.

2360. Uric acid.

2361. Uric acid, with phosphate of magnesia and ammonia.

2362. Uric acid.

2363. Uric acid, with phosphate of lime.

2364. Uric acid.

2365. Phosphate of lime.

2366. Uric acid, with phosphate of lime.

2367. Uric acid.

2368. Uric acid.

2369. Uric acid. Eight extracted from the same patient.

2370. Uric acid.

2371. Phosphate of magnesia and ammonia.

2372. Uric acid.

2373. Uric acid.

2374. Mulberry calculus (oxalate of lime), with a nucleus of uric acid.

e. CALCULI PRESENTED BY PROFESSOR THOMSON.

2375. Uric acid.

2376. Uric acid, apparently decomposing.

2377. Uric acid.

2378. Uric acid.

2379. Uric acid.

2380. Uric acid.

2381. Uric acid.

2382. Uric acid.

2383. Uric acid.

2384. Uric acid.

2385. Uric acid.

2386. Uric acid.

2387. Uric acid.

2388. Uric acid.

2389. Uric acid, with a mixture of fusible calculus.

2390. Section of a calculus taken from the bladder of a person who had voided large quantities of small irregular fragments of calculi. The surface was rough and irregular, as if from layers which had been separated. The chief mass which remains is uric acid, with a portion of the crust of fusible calculus. For the bladder, See No. 2041. a.

2390. *a*. Portions of fragments which had been voided during life.

2391. Uric acid, with a mixture of fusible calculus.

2392. Uric acid, with a mixture of fusible calculus.

2393. Uric acid, with a piece of fusible calculus intermixed with uric acid adhering.

2394. Mass uric acid, with a mixture of fusible calculus; crust a mixture of phosphate of lime and fusible calculus.

2395. Uric acid; crust, fusible calculus.

2396. Uric acid, with a slight admixture of fusible calculus.

2397. Mixture of uric acid and fusible calculus, with a large cavity, which was lined with a pale pink substance, chiefly animal matter.

2398. Mulberry calculus.

2399. Nucleus, lithic acid; a white coating of fusible calculus, and a thin brown coating of oxalate of lime.

2400. Nucleus, lithic acid; next coating oxalate of lime, then a thick layer of uric acid, and lastly a thin crust of fusible calculus.

2401. Nucleus uric acid; a coating of mulberry calculus, then uric acid and oxalate of lime.

2402. Nucleus uric acid; then a thin coat of oxalate of lime; the rest uric acid.

2403. Nucleus uric acid, with a thick spongy coating of fusible calculus.

2404. Uric acid, with fusible calculus.

2405. Uric acid, with a partial layer of phosphates.

2406. Uric acid and fusible calculus.

2407. Uric acid.

2408. Uric acid.

2409. Uric acid.

2410. Uric acid.

2411. Nucleus, uric acid; crust, fusible calculus.

2412. Mixture of the triple calculus and the fusible calculus, with a small quantity of uric acid. It broke in extraction; the patient did well.

2413. Calculus with two nuclei, the layers separating from each other; apparently uric acid.

2414. Uric acid; crust uric acid and fusible calculus.

2415. Calculus.

2416. Uric acid.

2417. Uric acid.

2418. Fragments of calculus.

2419. Calculus having a projecting appendage, which had lodged in the urethra.

2420. Uric acid, with phosphates.

2421. Uric acid.

2422. Nucleus uric acid; crust fusible calculus.

2423. Calculus.

2424. Uric acid.

2425. Eighteen calculi which were lodged in cysts, from which they were displaced by the finger during operation. See Professor Thomson's Observations on Lithotomy.

2426. Fragments of calculus spontaneously voided.

2427. Calculus from Mr Wilson of Kelso.

2428. Calculi passed from time to time by a middle-aged gentleman, who laboured under retention of urine. After death a large pouch exceeding in size the cavity of the bladder proper, was found projecting on one side, and communicating by a narrow neck. A stone about the size of a bean was lying loose in it.

2429. Numerous very small calculi, voided by the same patient.

2430. Numerous small calculi voided by the same patient.

2431. Fragments of calculi.

2432. *a.* Section of a calculus. Uric acid.

2433. Section of a calculus. Uric acid.

2434. Section of a calculus. Uric acid and ammoniaco-magnesian phosphates; the layers peeling off.

2435. Section of a calculus with fissures extending through the layers from the centre to the circumference. Uric acid.

2436. Calculus having a bone for its nucleus. Case of gun-shot wound in the pelvis.

2437. Section of a calculus of a pure white colour and compact texture.

2438. Section of a calculus having a double nucleus. Uric acid.

2439. Section of a calculus. Uric acid.

2440. Section of a calculus. Uric acid.

2441. Fragments of a calculus. Carbonate of lime.

2442. Fragments of a calculus. Uric acid.

2443. Section of a large calculus. Nucleus uric acid, with thick layers of phosphates.

2444. Section of a large calculus. Uric acid, with thick layers of phosphates upon parts of its surface.

2445. Section of a large calculus.

2446. A calculus remarkable for size, and a groove corresponding to the orifices of the ureters. Uric acid.

f. Calculi presented by various Persons.

2447. Phosphate of lime, and phosphate of magnesia and ammonia, with uric acid. Removed from the bladder by the

high operation, or that above the pubes. The subject was a delicate boy of about six years of age, and he died about thirty-two hours after the removal of the calculus. See No. 2037. Presented by Sir George Ballingall. G. C. 821. a.

2448. Calculus extracted from the female bladder. See Med. Chir. Trans. vol. iii. Presented by Dr Ramsay.

2449. Calculus weighing 443 grains, voided by a native woman of Prince of Wales' Island. The patient was between fifty and sixty years of age. The calculus passed along the urethra without any manual assistance. Presented by Dr Abercrombie. G. C. 881.

2450. Two calculi, which, from their position in the ureters, produced complete obstruction to the flow of the urine. Presented by Dr Abercrombie. G. C. 886.

2451. Calculus which was found completely obstructing the pelvis of the kidney, although the patient had never complained of a single symptom which might have led to a suspicion of its presence. Presented by Dr Abercrombie. G. C. 888.

2452. Calculus taken from the urethra of a boy eighteen months old. Presented by Dr Abercrombie. G. C. 892.

2453. Calculus. Presented by Dr Abercrombie. G. C. 892.

2454. Calculus. Presented by Dr Abercrombie. G. C. 893.

2455. Two calculi found in the bladder after the death of the patient. See preparation No. 2045. Presented by Dr Bell, Dundee. G. C. 927. a.

2456. Calculus extracted from the bladder by the lateral operation. It must have been of considerable size, as from the force necessary to extract it, it unfortunately broke, and caused

considerable delay in its removal. The patient was a young man, a footman, who had laboured under symptoms of calculi for about three years, which commenced after severe fatigue in riding. Presented by Dr Hunter.

2457. Cast of a calculus. Presented by Professor Turner.

2458. Section of alternating calculus. The patient, a man sixty-three years of age, died without so much as permitting a sound to be used. The symptoms had existed for twenty years. The bladder was found firmly contracted on the calculus, and contained a considerable quantity of viscid mucus; the ureters were much dilated; the right kidney scarcely equalled a walnut in size, while the left was of its natural dimensions. The intestines were extensively inflamed. Presented by Dr Burn.

2459. Calculus which was discharged by the urethra. Presented by Dr Macaulay.

2460. Uric acid calculus.

2461. Calculus. Uric acid, extracted from the bladder by the lateral operation. The patient a boy about ten years of age. Presented by Sir George Ballingall.

2462. Calculus removed by the knife from the urethra, in which it had lodged. Presented by Sir George Ballingall.

2463. Calculus which was discharged through an abscess in the back. The patient afterwards recovered perfectly. B. C. xiv. 2, m. 6.

2464. Calculus taken from the infundibula and pelvis of the kidney. It filled both cavities completely, and when removed, formed as it were a very good cast of them. B. C. xiv. 2, m. 5

2465. Two calculi, from the same patient. Presented by Mr Gillespie. G. C. 1416 a. 1416 b.

2466. Urinary calculus. Presented by Mr Gillespie. G. C. 1417.

2467. Urinary calculus. Presented by Mr Gillespie. G. C. 1418.

2468. Urinary calculus. Presented by Mr Gillespie. G. C. 1419.

2469. Urinary calculus. Presented by Dr Pitcairn. G. C. 1420.

2470. Calculi from the kidney. Presented by Dr Archibald Inglis. G. C. 1421.

2471. Cast of a calculus, extracted from a person aged sixty-four, of spare habit but sound constitution, who had become subject to frequent attacks of irritation in the urinary organs, more than twenty years before. The operation was performed by Mr Liston. In consequence of the supposed size of the stone, the bilateral operation was performed. It was found impossible, from the situation and connexions of the stone, to remove it in the usual manner; an incision was therefore made from the neck of the sac into the rectum, the gut and original incisions in the bladder and perinœum being made into one wound. For some time after the operation, the patient did remarkably well; but his strength began to sink, his constitution giving way, and he died in about seven weeks. Presented by Robert Liston, Esq.

2472. Cast of a calculus, weighing nearly thirteen ounces, extracted by the lateral operation from the bladder of Thomas Horridge, forty-seven years old. The urine came per urethram on the fourth day, and none passed by the wound after the eleventh. He recovered perfectly in a month, but died eleven months afterwards of cancer of the stomach. Presented by

Mr John Woodcock, surgeon, Bury, Lancashire. G. C. 1553.

2473. Mulberry calculus. Presented by the Heirs of Dr George Wood. G. C. 1901.

2474. Two casts of a mulberry calculus, which weighed 4½ oz. 2 scruples, extracted by the lateral operation from a man forty-nine years of age, who had laboured under symptoms of stone for forty years. He recovered rapidly. Presented by William Fergusson, Esq. G. C. 1602.

2475. Model of a calculus formed upon a ball in the bladder. The original was lent to Sir George Ballingall by Mr Winchester, one of his pupils, but the history is unknown. Presented by Sir George Ballingall. G. C. 1600.

2476. Two calculi removed from the bladder of a boy seven years of age, by the lateral operation. Presented by Dr A. Hunter. G. C. 1618.

2477. Mulberry calculus found in the bladder of a patient after death from other causes. Presented by Dr A. Hunter. G. C. 1619.

2478. Large uric acid calculus of a regular form "cut by Jer. Callot from Tho. Murray at Paris, May 8. 1676."

g. Calculi presented by William Brown, Esq.

2479. Section of a large calculus found after death in the bladder of a man aged eighty, who had enlarged prostate, and had long suffered. G. C. 1593.

2480. Calculus from a gentleman aged fifty-two, who had been subject to nephritic complaints for some years, and had voided one calculus. In 1798, he felt a stone in the urethra, where it remained till December 1800, when it was extracted by Dr William Brown. G. C. 1603.

2481. Calculus extracted by Dr William Brown, 21st April 1804. It consisted of a hard irregular nucleus, enveloped in a thick shell of softer matter, which gave way under the forceps. G. C. 1604.

2482. Calculus extracted by Dr William Brown, 24th September 1809, from a boy four and a half years old, who had some symptoms of stone for two years. G. C. 1605.

2483. Calculi extracted by Dr William Brown, 21st May 1809, from a man aged sixty-six, who had been ill for four years. G. C. 1606.

2484. Calculus found after death in the bladder of a gentleman aged sixty-two. It had been detected by the sound two years before. G. C. 1607.

2485. Calculi found after death in the bladder of a gentleman aged seventy-eight, who had enlarged prostate, and had long suffered. G. C. 1608.

CLASS VII.

GENITAL ORGANS.

I. DISEASES OF THE GENITAL ORGANS OF THE MALE.

II. DISEASES OF THE GENITAL ORGANS OF THE FEMALE.

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DIVISION I.

GENITAL ORGANS OF THE MALE.

SECTION I. DISEASES OF THE TESTIS.

2486. XXXIII. A. Large hydrocele, from a Lascar. The tunica vaginalis is much thickened by a condensed cellular membrane on its outside: the fibres of the cremaster muscle are also enlarged; and the testicle is beginning to be diseased. B. C. XV. 1. M. 2. W. C. JJ. 21.

2487. XXXIII. A. Large hydrocele, shewing the pyriform shape. There are warty excrescences on the tunica albuginea. B. C. XV. 1. M. 2. W. C. JJ. 21. a.

2488. XXXIII. A. Hydrocele, in which the warty cysts are very distinct. B. C. XV. 1. M. 3.

2489. XXXIII. A. Testicle from the same body as the last. There is intimate union between the tunica vaginalis and tunica albuginea, together with disease of the vas deferens. B. C. XV. 1. M. 4.

2490. XXXIII. A. Small hydrocele, returning after the operation of injection. B. C. i. M. 5.

2491. XXXIII. A. A hydrocele which has been cured by injection. The coats of the testicle are nearly adhering. B. C. XV. 1. M. 6.

2492. XXXIII. A. Small hydrocele of the epididymis,

from a patient who had disease of the urethra. B. C. xv. 1. M. 7.

2493. XXXIII. A. Hydrocele, from a patient in the Middlesex Hospital. A portion of the tunica vaginalis has become cartilaginous. B. C. xv. 1. M. 8.

2494. XXXIII. A. A small hydrocele. Warty excrescences are seen growing on the tunica albuginea. B. C. xv. 1. M. 32.

2495. XXXIII. A. A small hydrocele, similar to the last. G. C. 1247.

2496. XXXIII. A. Specimen of hydrocele in the process of cure. B. C. xv. 1. M. 33.

2497. XXXIII. A. Hydrocele of the tunica vaginalis, in which adhesions have taken place. Presented by Dr Thomson.

2498. XXXIII. A. Hydrocele of the tunica vaginalis. Three small pedulous tumours are observed, two of them attached to the epididymis, the other to the body of the testicle. G. C. 68.

2499. XXXIII. A. Large hydrocele of the tunica vaginalis. Taken from a subject. G. C. 957.

2500. XXXIII. A. Hydrocele of the tunica vaginalis complicated with hydrocele of the cord. The sacs are quite distinct, and there was a third, about the size of a bean, formed near the upper part of the testis. Presented by Dr J. Campbell. G. C. 1246.

2501. XXXIII. A. Tunica vaginalis much thickened, from a patient on whom the operation of hydrocele was performed by cutting out a small portion of the sac. Inflammation and suppuration intervened. G. C. 341.

2502. XXXIII. A. Testicle with a small tumour growing from the body, and partial adhesion of the tunica vaginalis. Presented by Professor Thomson. G. C. 69.

2503. XXXIII. A. Two testicles from the same subject, having several small tumours attached to the epididymis. Presented by Mr Wardrope. G. C. 70.

2504. XXXIII. A. Cyst in the coats of the testicle. It is of a cartilaginous texture, and was full of pus. B. C. XV. 1. M. 9.

2505. XXXIII. A. Cartilaginous cyst of the testicle, which contained pus. The body of the testicle is diseased. B. C. XV. 1. M. 10. W. C. JJ. 33.

2506. XXXIII. A. Tunica vaginalis thickened. Spots of scrofulous suppuration appearing on the body of the testicles and epididymis. B. C. XV. 1. M. 11. W. C. JJ. 22.

2507. XXXIII. A. Tunica vaginalis greatly thickened, with fungoid excrescence in the course of the cord. Presented by Professor Russell. G. C. 1071.

2508. XXXIII. A. Section of a testicle shewing the tunica vaginalis thickened and covered with coagulable lymph. G. C. 154.

2509. XXXIII. A. Scrofulous suppuration of the whole body of the testicle. Water had collected within the tunica vaginalis. B. C. XV. 1. M. 12. W. C. JJ. 24. From the same person as No. 2506.

2510. XXXIII. A. Two sections of a testicle in which suppuration had taken place between the tunica albuginea and tunica vaginalis, and in the upper portion of the spermatic cord. Presented by Mr Wardrope. G. C. 75 and 76. a.

2511. XXXIII. A. Section of a scrofulous testicle removed by operation. The disease had been mistaken for hydrocele,

and was punctured. Presented by George Bell, Esq. G. C. 1111.

2512. XXXIII. A. Section of the same testicle. Presented by George Bell, Esq. G. C. 1111. a.

2513. XXXIII. B. Section of a scrofulous testicle. G. C. 156.

2514. XXXIII. B. Tumour in the testicle, probably scrofulous, which was attended with thickening of the cord. B. C. XV. 1. M. 13. W. C. JJ. 23.

2515. XXXIII. B. Section of a scrofulous testicle successfully extirpated by Dr Renton of Penicuick. It contained a quantity of loose curdy matter, and a small osseous deposit. Presented by Professor Turner. G. C. 281.

2516. XXXIII. B. Considerable disease in the testicle, probably scrofulous. It was extirpated by Mr Brodie from a patient in St George's Hospital. B. C. XV. 1. M. 17. W. C. 27. a.

2517. XXXIII. B. Testicle which had been affected with scrofulous abscess. Presented by Professors Thomson and Turner. G. C. 591.

2518. XXXIII. B. Testicle of a Negro affected with scrofulous disease. B. C. XV. 1. M. 28.

2519. XXXIII. B. The other testicle of the same Negro, presenting a somewhat different texture. B. C. XV. 1. M. 29.

2520. XXXIII. B. Testicle presenting a uniformly compact texture. From the Edinburgh Infirmary. Presented by Joseph Bell, Esq. G. C. 564.

2521. XXXIII. B. Testicle enlarged, and converted into a white compact texture. The scrotum had ulcerated.

2522. XXXIII. B. Section of a testicle presenting the appearance of scirrhus. Presented by George Bell, Esq. G. C. 622.

2523. XXXIII. B. Section of a scrofulous testicle. Presented by Professor Thomson. G. C. 219.

2524. XXXIII. B. Tumour removed from the right testicle of a boy three years old, who was supposed to have received an injury. Presented by Dr Mudie. G. C. 1200.

2525. XXXIII. B. Peculiar morbid alteration of the testicle. The natural structure has disappeared, the gland has become converted into a firm substance, and in the middle are two masses of a yellowish and very tenacious matter, not apparently contained in a distinct bag. Presented by George Bell, Esq. G. C. 73.

2526. XXXIII. B. Testicle of Maxwell (See XV. 1. M. 54). The whole body of the testicle is very much diseased. The vas deferens has been dissolved in the abscess. B. C. XV. 1. M. 25.

2527. XXXIII. B. Testicle of the same person. A piece of glass is in the sinus, which was open during life. The body of the testicle presents a texture having some resemblance to that of scirrhus. B. C. XV. 1 M. 26.

2528. XXXIII. B. Medullary sarcoma of the testicle, which, when recent, had a beautiful pink colour. Hydrocele existed, with two filiform adhesions between the surface of the testicle, and the tunica vaginalis. There was a large tumour in the cavity of the abdomen. From a subject in the dissecting room. Presented by Professor Turner. G. C. 279.

2529. XXXIII. B. Section of a scirrhous testicle. Presented by Dr Thomson. G. C. 273.

2530. XXXIII. B. Both testicles of a coachmaker in

Longacre, apparently cancerous. He got quite well, and there was no return of the disease for two years, when he died of dropsy. B. C. xv. 1. m. 16. W. C. jj. 31.

2531. XXXIII. b. Section of a scirrhous testicle becoming ulcerated. The membranous septa are very distinct. Extirpated at St George's Hospital by Sir E. Home. B. C. xv. 1. m. 18. W. C. jj. 27.

2532. XXXIII. b. Section of a testicle affected with medullary sarcoma, extirpated by Sir E. Home. Several small tumours are seen intersected by membranous septa. B. C. xv. 1. m. 15.

2533. XXXIII. b. Section of scirrhous testicle, extirpated at St George's Hospital. B. C. xv. 1. m. 21. W. C. jj. 25.

2534. XXXIII. b. Specimen of fungus hæmatodes of the testicle, extirpated at St George's Hospital. B. C. xv. 1. m. 14. W. C. jj. 34.

2535. XXXIII. b. Diseased testicle of a pulpy consistence, with small depositions of cerebral-looking matter interspersed. Removed by operation. Presented by Benjamin Bell, Esq. G. C. 798.

2536. XXXIII. b. Two sections of a testicle affected with medullary sarcoma in some parts interspersed with cartilaginous deposits, in others with small cysts, which were filled with fluid taken after death, the patient having died of the disease. Presented by Professor Thomson.

2537. XXXIII. b. Section of a large fungoid testicle.

2538. XXXIII. c. Portion of a diseased testicle. Three small circumscribed tumours are seen rising out from the tunica albuginea into a circumscribed cavity formed between it and the vaginal coat. Presented by Professor Thomson. G. C. 74.

2539. XXXIII. c. Section of a testicle exhibiting the appearance of medullary sarcoma. Presented by Professor Thomson. G. C. 1033.

2540. XXXIII. c. Section of a testicle exhibiting characteristic appearance of medullary sarcoma. Presented by Professor Thomson. G. C. 74. a.

2541. XXXIII. c. Fungus hæmatodes of the testicle. The patient died of excessive pain. The glands of the knee were similarly affected. B. C. xv. 1. m. 19. See the case of Tauby in Bell's Surg. Observ.

2542. XXXIII. c. Section of a testicle affected with medullary sarcoma. Presented by William Newbigging, Esq. G. C. 155.

2542. *a*. XXXIII. c. Section of a testicle affected with medullary sarcoma. Presented by Professor Thomson. G. C. 156.

2543. XXXIII. c. Fungating scrofulous testicle. The disease had existed for more than two years, but it was only seven or eight months previous to the operation that the fungus appeared on the surface of the scrotum. The patient was a stout healthy looking man, thirty-eight years of age, and the wound healed in the most kindly manner. G. C. 861.

2544. XXXIII. c. Ulcer of the scrotum. The body of the testicle is sound, although it was cut off, the case having been mistaken for cancer. B. C. xv. 1. 22.

2545. XXXIII. c. Vessels of the testicle greatly enlarged. Presented by Professor Russell. G. C. 1070.

2546. XXXIII. c. Varicose veins of the testicle injected with mercury. B. C. xv. 1. m. 24.

2547. XXXIII. c. Deficiency of the vesiculæ seminales on one side. On the corresponding side the testicle was merely condensed cellular membrane. B. C. xv. 1. m. 31.

2548. XXXIII. c. Epididymis and vas deferens diseased; the body of the testicle sound. From a patient who had stricture of the urethra. B. C. xv. 1. m. 27.

2549. XXXIII. c. Abscess in the vesiculæ seminales. The sinus pocularis is very large. There was also stricture of the urethra. B. C. xv. 1. m. 30.

SECTION II. DISEASES OF THE SCROTUM.

2550. XXXIII. c. Specimen shewing the commencement of the disease called chimney-sweepers' cancer. B. C. xv. 1. m. 20.

2551. XXXIII. c. Specimen of chimney-sweepers' cancer of the groin. From the Royal Infirmary of Edinburgh. Presented by Professor Turner. G. C. 182.

2552. XXXIII. c. Cast of cancer of the scrotum. The testicle was extirpated for cancer, but the disease attacked the extremity of the cord, and then the scrotum. The patient died a few days after this model was taken, having been reduced by pain and frequent hæmorrhages. B. C. xv. 1. m. 34.

2553. XXXIII. c. Tumour resembling a third testicle removed from the scrotum of a boy. Presented by Mr Wishart. G. C. 452.

2554. XXXIII. c. Tumour taken from the scrotum of a Lascar. It contains a Guinea worm which had died, and become converted into a substance resembling adipocere. B. C. xv. 1. m. 23. W. C. jj. 30.

2555. XXXIII. c. Cast exhibiting fungous tubercles of the perinæum.

SECTION III. DISEASES OF THE PENIS.

2556. XXXIII. c. A prepuce, in which there is phymosis, in consequence of inflammation of the internal membrane. Removed by Mr Pearson from a young man nineteen years of age. B. C. xiv. 1. M. 1. W. C. I. I. 23.

2557. XXXIII. c. Prepuce removed by Mr Pearson, according to the mode of operation proposed by him in phymosis. Presented by Professor Thomson. G. C. 55.

2558. XXXIII. c. A great number of warts on the prepuce. This preparation also shews the great size of the lacuna magna. B. C. xiv. 1. M. 25.

2559. XXXIII. D. Cast of a penis and scrotum shewing cancerous disease of the prepuce.

2560. XXXIII. D. Portion of a cancerous penis, which was amputated. B. C. xiv. 1. M. 85.

2561. XXXIII. D. Portion of a cancerous penis, which was amputated. B. C. xiv. 1. M. 84.

2562. XXXIII. D. A venereal ulcer eating into the body of the penis. B. C. xiv. 1. M. 86.

2563. XXXIII. D. Cancerous ulcer of the penis, for which ulceration was performed. Presented by Dr P. Newbigging. S. C. 1642.

2564. XXXIII. D. Glans penis amputated for an ulcer near the orifice of the urethra. G. C. 150.

2565. XXXIII. D. Part of the penis has been destroyed by ulceration; the spongy body changed in its structure and be-

coming callous; the orifice of the urethra diminished. B. C. xiv. 1. M. 1. c.

2566. XXXIII. D. Specimen of cancer of the penis in the form of cauliflower excrescences from the glans and prepuce. The disease extended to the corpora cavernosa. Amputation was performed, and the patient recovered; but the disease recurred, on which the penis was dissected out from under the pubes. Violent hæmorrhage took place two hours after, probably from the corpora cavernosa. The wound healed, but the disease returned in a few months, and the patient died of it in about a year after. The disease was venereal, and the patient, who was a clergyman, had been deposed. Presented by Professors Thomson and Turner. G. C. 220.

2567. XXXIII. D. Cancer of the penis of a Negro. The prepuce is thickened, and ulcerated on its inner surface; ulceration has also extended over the glans, and the corpora cavernosa are affected. G. C. 56. Presented by Dr Brown.

2568. XXXIII. D. Model of Loo Choo, in whom the genital organs were involved in an immense tumour, which was extirpated. Presented by Dr Moffat. S. C. 1649.

2569. XXXIII. D. Two models of malformation of the penis, and deficiency of the parietes of the abdomen, allowing the bladder to protrude.

2570. XVIII. C. Cast of cancer penis with inguinal hernia. G. C. 1644.

DIVISION II.

GENITAL ORGANS OF THE FEMALE.

SECTION I. DISEASES OF THE OVARIA.

2571. XXXIII. D. Fibrous tumour occupying the uterus and ovaria of an old woman, who died of a disease of the brain; and had never complained of any uterine affection. Presented by Mr Wardrope. G. C. 1050.

2572. XXXIII. D. Ovarian tumour weighing sixteen pounds, partly of a cartilaginous hardness and scirrhous texture, and containing firm brownish coagula, from which a bloody-looking serum issued, together with several cysts, some of which contained hydatids, while in others there was a gelatinous very viscid transparent fluid. It appeared four and a half years before the death of the patient, which took place in consequence of an attack of enteritis, on the eighth day after extirpation of a tumour from the breast. Presented by Dr John Campbell. G. C. 1462.

2573. XXXIII. D. Fibrous tumour occupying the uterus and ovaria of an old woman, who died of softening of the brain, without having ever complained of any uterine affection. Presented by Professor Thomson. G. C. 1049.

2574. XXXIII. E. Section of a diseased ovarium, having the structure of simple sarcoma. The other ovary was of a

similar size, and converted into a similar structure. The patient was delivered of a living child some months before death. She had acquired a rough voice and strong beard. Presented by Professor Turner. G. C. 163.

2575. XXXIII. E. Diseased ovarium, having a uniform compact texture. Presented by Professor Thomson. G. C. 750. a.

2576. XXXIII. E. Ovaria enlarged, with scirrhous structure. Presented by Professor Thomson. G. C. 448.

2577. XXXIII. E. Section of a diseased ovarium, containing diseased texture in three varieties, approaching the fibro-cartilaginous. Presented by Professor Thomson. G. C. 207.

2578. XXXIII. E. Uterus of a woman about forty, shewing hydatids in the ovaria, and a small tumour near the insertion of the Fallopian tube of the right side, which burst and discharged about four pounds of blood into the cavity of the abdomen, causing sudden death. Presented by Alex. Watson, Esq. G. C. 1243.

2579. XXXIII. E. Ovarian tumour, exhibiting numerous hydatids, extracted from the abdomen after the death of the patient. The disease had been of many years' standing. Presented by H. Glass, Esq. G. C. 777.

2580. XXXIII. E. Section of an ovarium, in which are seen several small cysts. Presented by Professor Thomson. G. C. 54.

2581. XXXIII. E. Section of an ovarium containing several small cysts, of which some contained a transparent, others a blackish solid matter, which has been removed by the spirits. Presented by Professor Turner. G. C. 165.

2582. XXXIII. E. Ovarium, containing besides the corpora lutea, a small dark-coloured body. G. C. 52.

2583. XXXIII. E. Ovarium containing a small cyst or hydatid about the size of a pea. G. C. 53.

2584. XXXIII. E. Ovaria and uterus affected with scirrhus. From the Western General Dispensary. G. C. 1461.

2585. XXXIII. E. Fallopian tube, with a cyst attached to it, filled with transparent fluid. Presented by Mr Wardrop. G. C. 51.

2586. XXXIII. E. Ovaries containing numerous cysts surrounded by a clear pellucid fluid. Presented by Dr P. Newbigging. G. C. 1629.

2587. XXXIII. E. True hydatid of the Fallopian tube, with granular aggregated bodies attached to its inner surface. It was quite transparent, of a yellow colour, and the fluid contained a few of these small bodies. The membrane of the hydatid is seen distinct from that surrounding it. Presented by Mr White and Professor Thomson. G. C. 164.

2588. XXXIII. E. Dropsy of the ovarium. Presented by Dr Inglis. G. C. 1464.

2589. XXXIII. E. Ovarian dropsy of immense size. Presented by Dr Inglis. G. C. 1646.

2590. XXXIII. E. Cyst of the Fallopian tube of the size of an egg, which contained a transparent serous fluid. From a person who died in the consecutive fever of cholera. Presented by Dr Scott. G. C. 1465.

2591. XXXIII. E. Ovarian tumour, composed of hair and teeth, taken from a subject in the dissecting room. The woman seemed to have been about thirty years of age, and to have had children. Presented by Dr Knox. G. C. 1214.

2592. XXXIII. E. Hair found in an ovarian tumour. Presented by Dr Abercrombie. G. C. 898.

SECTION II. DISEASES OF THE UTERUS.

2593. XXXIII. E. Os uteri divided into two by a complete septum. The woman seemed never to have had children. Presented by Dr Knox. G. C. 1128.

2594. XXXIII. E. Ruptured uterus. The rupture is situated at the junction of the uterus and vagina. From a subject. Presented by Dr Knox. G. C. 1083.

2595. XXXIII. E. The parietes of the uterus much thickened and indurated.

2596. XXXIII. E. Uterus from a middle-aged woman. The parietes seem thickened and indurated. The os uteri is surrounded with small tubercles. Presented by Alexander Watson, Esq. C. G. 589.

2597. XXXIII. E. Tumours in the substance of the uterus and connected with the ovaries; some of them are solid and fibrous, others cystic.

2598. XXXIII. E. Diseased uterus from a woman aged 71, who died dropsical, in consequence of hypertrophy of the left ventricle. The cervix uteri is about five times its natural length, and protruded externally. In the substance of the uterus are several tumours, some bony, some fibrous, and others of a mixed nature. One large bony tumour is cut through. The woman never complained of uterine affection. Presented by Professor Thomson. G. C. 612.

2599. XXXIII. E. Tumours of the uterus, of a rounded form, and cartilaginous hardness, with depositions of bony matter. The general texture is fibrous, resembling that of scirrhus, but some of the tumours are almost entirely osseous, and re-

semble that exposed in the last preparation. Presented by a Student. G. C. 1466.

2600. XXXIII. E. Dried specimen of a tumour from the last preparation, which was almost entirely osseous. Presented by a Student. G. C. 1467.

2601. XXXIII. E. Section of an osseous tumour connected with the uterus. Presented by Professor Thomson G. C. 802. a.

2602. XXXIII. E. Fibrous tumours in the substance of the uterus, or on its surface below the peritoneal covering. The organ is of its natural size. Presented by Dr Knox. G. C. 1244.

2603. XXXIII. E. Uterus having several small fibrous tumours in its substance, as well as in the broad ligament. G. C. 1245.

2604. XXXIII. E. Section of a fibrous tumour in the uterus.

2605. XXXIII. E. Fibrous tumours of a much softer texture than usual growing from the external surface of the uterus. The patient was affected with extensive scrofulous disease. Presented by Professor Turner. G. C. 742.

2606. XXXIII. E. Tumours of various sizes, from five inches in diameter to a quarter of an inch, generally lobulated, and of a firm consistence, their tissue composed of interwoven glistening fibres, with some depositions of bony matter. They are situated in the substance of the uterus, and project on both surfaces. Presented by Dr Taylor. G. C. 1645.

2607. XXXIII. F. Section of a large fibrous tumour of the uterus, which forms a very characteristic specimen of the fibrous texture. From Western General Dispensary. G. C. 1468.

2608. XXXIII. F. The other half of the same tumour. Western General Dispensary. G. C. 1469.

2609. XXXIII. F. Fistulous communication between the rectum and vagina. From the same case. G. C. 1647.

2610. XXXIII. F. Section of a tumour remarkable for its vascularity, weighing upwards of twenty pounds, connected with the uterus. It was of a firm consistence and fibrous structure. like the last preparation. For its description, see next article, Presented by J. Macfarlane, Esq. G. C. 931.

2610. *a.* XXXIII. F. Painting of the above mentioned tumour, of the natural size. It represents the bladder, the uterus, the tumour attached to it, the upper part of the vagina, the ovaries, and the Fallopian tubes, as seen from before.

Fig. 1. *a.* The bladder laid open: two dark-coloured probes inserted into the opening of the ureters; the bladder was quite healthy.

b. The upper part of the vagina cut open, so as to shew

c. The os tincæ flattened and quite pervious.

d. The tumour.

e. The right ovarium and Fallopian tube.

Fig. 2. To give this view, the parts were retained in the same position, but the bladder was dissected from off the anterior surface of the uterus, that organ laid open to its whole extent, and an incision made in the same line through the posterior wall of the uterus, and into the body of the tumour, to shew that it had formed in the posterior paries of the uterus.

a. The uterus laid open longitudinally.

b. The internal structure of the tumour exposed.

c. A bristle passed into the uterus, through the Fallopian tube. These tubes were quite pervious, and the organs of generation healthy.

Fig. 3 represents a vertical section of the tumour.

2611. XXXIII. F. Fibrous tumour developed in the broad ligament of the uterus. Presented by Dr Scott. G. C. 1470.

2612. XXXIII. F. Fibrous tumours in the substance and

on the external surface of the uterus. Presented by Professor Turner. G. C. 157. The patient had no symptoms of uterine disease.

2613. XXXIII. F. Fibrous tumours in the body of the uterus. Presented by Dr P. Newbigging. G. C. 1628.

2614. XXXIII. F. Uterus affected with scirrhus. G. C. 232.

2615. XXXIII. F. Soft cancer of the uterus, and part of vagina, with formation of fibro-cartilaginous tumours in the diseased coat of the uterus, shewing modification of disease by the texture of the organ in which it occurs. Presented by Dr George Barclay, Aberdeen. G. C. 249.

2616. XXXIII. F. Tumour of large size, connected with the uterus. It was of a rather soft consistence, partly fibrous, more generally of a loose granulated texture, friable, and of a dark-red colour. Presented by Dr Begbie. G. C. 1471.

2617. XXXIII. F. Cancer of the uterus, with great destruction of parts, and communication with the bladder and rectum. Presented by Professors Thomson and Turner. G. C. 252.

2618. XXXIII. F. Uterus, vagina, and bladder of a woman aged fifty-eight, who died after labouring under symptoms of cancer for eighteen months. The whole internal surface of the uterus is occupied by soft fungous excrescences, one of which protrudes into the bladder, which was contracted and communicated with the vagina by an ulcerated opening, through which the urine was constantly discharged. Dr Cullen, Paris. G. C. 608.

2619. XXXIII. F. Bladder, rectum, uterus, and vagina, affected with cancer. Presented by Mr Newbigging. G. C. 1472.

2620. XXXIII. F. Commencing carcinoma of the os uteri

and body of that organ, with thickening of the membrane of the bladder, and a slight stricture of the rectum. From a woman sixty years of age. Presented by Dr P. Newbigging. G. C. 1627.

2621. XXXIII. F. Cancer of the uterus, with extensive communication with the bladder. G. C. 161.

2622. XXXIII. F. Portion of uterus nearly destroyed by cancerous ulceration. Presented by Dr Abercrombie. G. C. 872.

2623. XXXIII. F. Cancer of the uterus. G. C. 160.

2624. XXXIII. F. Uterus presenting numerous soft fungous tumours upon its inner surface. Presented by Dr Abercrombie. G. C. 880.

2625. XXXIII. F. Scirrhus of the uterus, in which a very large tumour had formed towards the cervix, adhered to the bladder and caused extensive ulceration. The preparation shews the bladder laid open, with a cancerous ulcer on its internal surface; on the opposite side the cancerous tumour is cut through; the fundus of the uterus is also cut open and the divided edges kept separate. Presented by Professor Thomson. G. C. 50.

2626. XXXIII. F. Ulceration of the internal surface of the uterus, apparently cancerous; the texture soft, friable and fibrous, without trace of medullary or scirrhous matter. The woman suffered long under the usual symptoms of cancer, burning and lancinating pain, with copious hæmorrhage. From Paris. G. C. 524.

2627. XXXIII. F. Cancerous affection of the uterus, presenting appearances similar to those of the last preparation.

2628. XXXIII. G. Section of a fibrous tumour connected with the uterus. Its external part is filled with osseous depo-

sition, so that it seems encased in a bony envelope. Presented by Charles Sidey, Esq. G. C. 1034.

2629. XXXIII. c. Section of the same tumour dried and kept in oil of turpentine. Presented by Charles Sidey, Esq. G. C. 1034. a.

2630. XXXIII. c. Portion of a placenta, exhibiting numerous marks of ossification. It came away very readily, and the woman had no bad symptom whatever. Presented by Dr Knox. G. C. 842.

2631. XXXIII. c. Section of a polypus, which was removed from the uterus. G. C. 93.

2632. XXXIII. c. Polypus from the fundus of the uterus, with scirrhus of the vagina and rectum. G. C. 158.

2633. XXXIII. c. Polypus of the uterus removed by ligature, from a woman forty-five years of age, who had ten children. It weighed eighteen ounces in its collapsed state. The patient was perfectly cured. Presented by Sir George Ballingall. See Clinical Lectures, No. 4, p. 24. G. C. 1140.

2634. XXXIII. c. Simple polypus of the uterus projecting through the os tincæ into the vagina. Found in an elderly female who had never complained of it. Dr Cullen, Paris. G. C. 526.

2635. XXXIII. c. A large polypus of the uterus, arising by three distinct roots, extirpated by Mr Newbigging, and presented by him. G. C. 251.

2636. XXXIII. c. Coagulum discharged from the uterus. There had been amenorrhœa during three months. Presented by Dr Robert Hamilton. G. C. 500.

2637. XXXIII. c. Coagulum discharged from the uterus. Presented by Dr Mackintosh. G. C. 570.

SECTION III. DISEASES OF THE VAGINA AND EXTERNAL PARTS.

2638. XXXIII. G. Cancerous ulcer of the vagina, in which the flocculent appearance of the ulcerations is beautifully shewn. Presented by Mr Wardrop. G. C. 159.

2639. XXXIII. G. Pendulous tumour removed by operation from the vagina of a young woman. Presented by Sir George Ballingall. G. C. 775.

2640. XXXIII. G. Polypi extracted from the vagina of a young girl. Presented by Professor Thomson. G. C. 103.

2641. XXXIII. G. Warts removed by ligature from the nymphæ. G. C. 203. b.

2642. XXXIII. G. Section of a pendulous tumour removed from the nymphæ. It has the appearance of a large wart with a narrow neck, but contains in its texture an admixture of fatty matter. G. C. 106.

2643. XXXIII. G. Section of a sarcomatous tumour attached to one of the nymphæ, removed by operation. Presented by Dr Abercrombie. G. C. 878.

2644. XXXIII. G. Another section of the same tumour. Presented by Dr Abercrombie. 878. a.

2645. XXXIII. G. Aggregation of warty tubercles removed from the labium pudendi and groin of a young woman. Presented by Sir George Ballingall. See Clinical Lectures, No. 3, p. 14. G. C. 1095.

2646. XXXIII. G. Cast of the case illustrated by the last preparation. Presented by Sir George Ballingall. G. C. 1095.

2647. XXXIII. G. Section of a large pendulous tumour removed by Dr Combe from the labium externum of a middle-aged married woman. There was scarcely any hæmorrhage, and the patient recovered easily. Presented by Dr Combe. G. C. 543.

2648. XXXIII. G. Corresponding section of the same tumour. Presented by Dr Combe. G. C. 543. a.

2649. XXXIII. G. Adipose tumour removed from the labium pudendi. It is lobulated, and adhered to the surrounding parts by slight cellular membrane. An ulceration had taken place through the skin to the surface of the tumour, from which an oily matter was discharged. Presented by Professor Turner. G. C. 357.

2650. XXXIII. G. Intestines of an animal, extracted from the vagina of a woman, who had introduced them for purposes of deception. Presented by Mr A. Wood and Professor Thomson. G. C. 216.

2651. XXXIII. G. Other specimens from the same case as the last. Presented by Mr Wood and Professor Thomson. G. C. 217.

CLASS VIII.

LACTIFEROUS ORGANS.

DISEASES OF THE MAMMA.

DISEASES OF THE MAMMA, . . Page 325

1. Cystic Sarcoma, ... 325
2. Fibrous Sarcoma, ... 326
3. Scirrhus, ... 328
4. Medullary Sarcoma and Fungus Hæmatodes, 333

DISEASES OF THE MAMMA.

1. Cystic Sarcoma.

2652. XXXIV. A. Cystic tumour of the mamma, with fungous growths arising from the inner surface of the cysts, extirpated by Dr Erskine. No return of disease took place. Presented by Dr Erskine. G. C. 10.

2653. XXXIV. A. Cystic sarcoma of the mamma. A large globular cyst which contained a brownish serum, on the posterior surface of the mamma, and several smaller cysts in other parts of its substance. During life the large cyst communicated the sensation of being a solid tumour. Presented by Dr A. D. Maclagan. G. C. 1609.

2654. XXXIV. A. Section of a mamma which formed a large lobulated circumscribed tumour. It was found to consist of numerous cysts, filled with a brownish serum, and from the inner surfaces of which fungi arose, some filling the cavities, others in the form of small granular tubercles. The mass adhered to the pectoral muscle, part of which was cut away along with it. The patient, a middle-aged woman, lived more than fifteen years without recurrence of the disease. Presented by Professors Thomson and Turner. G. C. 305.

2655. XXXIV. A. Tumour from the mamma of a woman aged nineteen, who had weaned a child two weeks previous to the operation. It was of four years' duration, and presents several cells which contained a milky fluid. Presented by Dr John Campbell. G. C. 1612.

2656. XXXIV. A. Cystic tumour of the mamma. G. C. 1274.

2657. XXXIII. A. Section of a mamma affected with cystic sarcoma. The cysts vary in size, and the tumour appeared to occupy one extremity of the gland, being separated from the sound part by a distinct line. The cicatrix became indurated a few months after the operation, and in twelve months the patient died jaundiced, the skin of the whole arm and side having become one diseased mass. Presented by Professor Thomson. G. C. 15.

2658. XXXIV. A. Section of a diseased breast having a close and uniform texture. A cyst is seen on each side of the section, capable of holding a common pea. Presented by Professor Thomson. G. C. 11.

2. Fibrous Sarcoma.

2659. XXXIV. A. Section of a fibrous tumour from the breast of a lady aged fifty. It involved the whole of the mamma. Two years after its removal, an enlargement took place in the region of the uterus. See No. 2572. Presented by Dr John Campbell. G. C. 1201.

2660. XXXIV. A. Tumour removed from the situation of the middle of the fourth rib, in the same case as the last. Presented by Dr John Campbell. G. C. 1463.

2661. XXXIV. A. Small tumour from the mamma of an unmarried lady, aged forty-five. Presented by Dr John Campbell. G. C. 1722.

2662. XXXIV. A. Mammary sarcoma. The tumour weighed about five pounds. At one part the skin over it is expanded, without being adherent to the tumour, and a fungus from the tumour is beginning to project. The patient was well two years after the operation. Presented by Professor Thomson. G. C. 13.

2663. XXXIV. A. Small circumscribed tumour in the mamma. Presented by Professor Thomson. G. C. 694.

2664. XXXIV. A. Circumscribed fibrous tumour on the anterior surface of the mamma, which itself appears sound. Presented by Professor Thomson. G. C. 7.

2665. XXXIV. A. Circumscribed fibrous tumour of the mamma inclosed in a capsule. The skin over it seems stretched and absorbed. Presented by Professor Thomson. G. C. 18.

2666. XXXIV. A. Fibrous tumour of the mamma. The disease had existed for twenty years without inconvenience, until about a year before extirpation. Some glands in the axilla were also removed. Presented by Sir George Ballingall. G. C. 853.

2667. XXXIV. A. Fibrous tumour of the mamma, which weighed 5½ lb. The disease had continued twenty-five years, but latterly increased very rapidly, with aggravation of pain. The patient died five weeks after extirpation, apparently from hectic fever. G. C. 978.

2668. XXXIV. A. Perpendicular section of a diseased mamma, which weighed 5 lb. It was of a dense fibrous texture, soft consistence, and white colour. Presented by Professor Thomson. G. C. 13.

2669. XXXIV. A. Large sarcomatous tumour of the mamma, apparently of a fibrous nature, beginning to fungate. Presented by Dr Combe. G. C. 855.

2670. XXXIV. A. Tumour from the mamma of a lady aged thirty-six. She had never suckled with this breast. Though it is very hard, it is not a specimen of true scirrhus. B. C. xvi. 5. M. 3. W. C. t. 11.

2671. XXXIV. A. Part of the breast of a lady who suffered extirpation of the mamma. There were found in it numerous hard points. B. C. xvi. 5. M. 4. W. C.

2672. XXXIV. A. A lobulated tumour extirpated from the mamma immediately below the nipple. Presented by G. H. Wishart, Esq. G. C. 23.

2673. XXXIV. A. Fibrous tumour of the mamma, or chronic mammary tumour. Presented by Professor Thomson. G. C. 440.

3. Scirrhus.

2674. XXXIV. A. Portion of a diseased breast exhibiting a mixture of scirrhous and adipose tissue. G. C. 17.

2675. XXXIV. A. Recurrence of disease in the glands of the axilla after extirpation of a cancerous mamma. The texture of the glands has a spongy cerebriform appearance. The morbid growth had extended to the capsules of the glands and the surrounding cellular substance, and produced absorption of the inner surface of the skin. The wound healed, but the disease returned, and proved fatal. Presented by W. Newbigging, Esq. G. C. 274.

2676. XXXIV. A. Section of a scirrhous mamma, of which the tissue is generally compact, but in some parts cystic. Presented by Professor Thomson. G. C. 16.

2677. XXXIV. A. Section of a mamma shewing the scirrhous tissue extending to the skin. The gland was converted into a firm mass of irregular shape, in some parts of which, however, very small cells are observable. The surface of the nipple is covered with numerous small warty excrescences. The patient died of tetanus eleven days after the operation, and on the third day after the attack of tetanus. Presented by Professor Thomson. G. C. 1.

2678. XXXIV. A. Section of a scirrhous mamma. Fibrous bands are seen running among adipose texture, from the gland to the skin, which has also become much thickened and scirrhous, even where not in contact with the substance of the

mamma itself, which is diminished in size. The nipple is retracted.

2579. XXXIV. B. Scirrhous tumour of the mamma, with numerous bands running towards the skin, which has also become scirrhous. The symptoms were those of well-marked cancer mammæ. The disease had lasted fourteen months, and supervened on a blow when suckling. It was extirpated when the patient was four months advanced in pregnancy, miscarriage took place on the 20th day, and she died a month after from inflammation of the uterus and its appendages. G. C. 977.

2680. XXXIV. B. Section of a scirrhous mamma. In the spongy part the cells are large, and contained a brown gelatinous-looking fluid. Presented by Professor Thomson. G. C. 5.

2681. XXXIV. B. Section of a scirrhous mamma, with the skin similarly affected, and bands passing from the one to the other. Presented by Professor Thomson. G. C. 1. a.

2682. XXXIV. B. Sections of cancerous mammæ. G. C. 976.

2683. XXXIV. B. Section of a scirrhous tumour of the breast, having a very firm consistence, the interstices being scarcely perceptible unless towards the circumference. Presented by James Wardrop, Esq. G. C. 2.

2684. XXXIV. B. Mamma converted into scirrhous texture, and connected by numerous bands with the skin, which has also become thickened and scirrhous. It adhered by its whole surface to the pectoral muscle. The other mamma had been extirpated some time before, but the disease returned, and also exhibited itself in the skin covering the breast and shoulders, in the form of cutaneous tubercles. No ulceration took place, but the patient's health gradually declined till the disease proved fatal. Glands within the thorax, portions of the lungs, the duodenum and the bladder, were found affected by a scir-

rhous alteration of texture. For the bladder, see No. 2687. A hydatid was found in one of the ovaries. No. 2687. Presented by George White, Esq. and Professor Thomson. G. C. 19.

2685. XXXIV. B. Section of one of the cutaneous tubercles in the same case. The skin thickened, and of a uniform white texture. Presented by George White, Esq. and Professor Thomson. G. C. 178.

2686. XXXIV. B. Small scirrhous tumour from the fascia of the pectoral muscle at the upper and inner edge of the mamma. It passes into the skin, which is thickened and converted into the scirrhous texture. The whole was cut away; the wound healed, but in two years ulceration took place in the cicatrix, the skin around became cancerous, the integuments over the whole mamma tuberculated, and the patient died in about a year, after suffering several attacks of erysipelas and cancerous rheumatism. Presented by Professors Thomson and Turner. G. C. 309.

2687. XXXIV. B. Scirrhous tumour of the mamma, adhering to the pectoral muscle. Presented by William Newbigging, Esq. G. C. 833.

2688. XXXIV. B. Section of a mamma, of which the gland and skin were affected with scirrhus. B. C. xvi. 5. M. 2.

2689. XXXIV. B. Section of a scirrhous mamma, with a large portion of fat intervening between it and the skin, which has assumed the scirrhous texture in a very remarkable degree, and is connected by bands with the gland. G. C. 1275.

2690. XXXIV. B. Part of a breast which was extirpated under the idea of its being scirrhous. B. C. xvi. 5. M. 1. W. C. T. 8.

2691. XXXIV. B. A scirrhous tumour occupying a considerable portion of the mamma under the nipple; the skin

involved in the disease, with a circular ulcer, through which a pale hard fungus protruded. The tumour was extirpated, but the disease recurred in the axilla, and after proceeding slowly for more than three years, terminated fatally. The patient was about seventy years of age. Presented by Professor Turner. G. C. 22.

2692. XXXIV. B. Carcinoma of the left breast. Presented by Dr P. Newbigging. G. C. 1632.

2693. XXXIV. B. Glands of the axilla, in the same case. Presented by Dr P. Newbigging. G. C. 1633.

2694. XXXIV. B. Scirrhus of the mamma and of the skin covering it. The diseased mass adhered to the pectoral muscle. Removed after death. Scirrhous tubercles existed in the liver. See No. 1844. Presented by Professor Turner. G. C. 1611.

2695. XXXIV. B. Scirrhus of mamma and axillar glands. The diseased mamma adhered to the pectoral muscle, and the skin has assumed the scirrhous texture. Presented by W. Newbigging, Esq. and Professor Turner. G. C. 1276.

2696. XXXIV. B. Scirrhous mamma, with a cyst. Presented by Professor Thomson. G. C. 456.

2697. XXXIV. B. Scirrhous mamma with a large cyst, to the inner surface of which some coagulated blood adhered. Intermixed with the scirrhous texture there were numerous small cavities, filled with brown pultaceous matter. Presented by Professor Thomson. G. C. 9.

2698. XXXIV. B. Cancerous tumour removed from the breast of a woman about fifty-five years of age. The disease had been going on for nearly a year, without giving her any uneasiness. Presented by William Newbigging, Esq. G. C. 1260.

2699. XXXIV. B. Section of a cancerous breast, with an ulcer dipping deep into the scirrhous mass, the scirrhous texture distinct even to the surface of the ulcer. B. C. xvi. 5. M. 7.

2700. XXXIV. B. Cancerous fungus arising from the mamma. Presented by Professor Thomson G. C. 6.

2701. XXXIV. B. Cancerous tumour removed from the left breast of a man thirty-five years of age. Presented by Sir George Baillingall. G. C. 546.

2702. XXXIV. B. Section of a scirrhous mamma. Gland diminished, and nipple retracted. G. C. 1277.

2703. XXXIV. B. Section of a scirrhous mamma, with a large globular cyst. The preparation having been macerated, it exhibits a spongy cellular texture. Presented by James Wardrop, Esq. G. C. 3.

2704. XXXIV. B. Section of a carcinomatous tumour, which had recurred on the cicatrix speedily after extirpation of the mamma. The texture is soft, resembling the cerebriform. The disease returned, and proved fatal. Presented by Professor Thomson. G. C. 688.

2705. XXXIV. B. Scrofulous abscesses and sinus of the mamma. Scirrhous bands are seen passing through it, and the skin is similarly affected. Presented by Professor Thomson. G. C. 451.

2706. XXXIV. C. Cast of a cancerous mamma.

2707. XXXIV. C. Cast of a scirrhous mamma.

4. Medullary Sarcoma and Fungus Hæmatodes.

2708. XXXIV. c. Cerebriform tumour of the mamma. A large fungating tumour of a deep red colour projecting from the anterior surface of the mamma, the skin being absorbed. Its section shews a distinct cerebriform texture, in some parts slightly lobulated. It is supplied with numerous small blood-vessels, which were injected with size. Extirpated in April 1833. The disease has not recurred. Presented by Professor Turner. G. C. 1610.

2709. XXXIV. c. Cerebriform tumour of the mamma, throwing out a soft flocculent fungus. Presented by Professor Thomson. G. C. 12.

2710. XXXIV. c. Section of a mamma, which is converted into scirrhous texture. On each side of the nipple, under the skin, is a tumour having a distinct cerebriform texture. Presented by Professor Thomson. G. C. 1278.

2711. XXXIV. c. Section of a diseased mamma, in which the substance of the gland is considerably enlarged, and a portion adheres to the skin, forming a tumour externally. The diseased mass is of a spongy texture, and was much softer than common scirrhous tissue, or even the healthy gland. Presented by Professor Thomson. G. C. 4.

2712. XXXIV. c. Part of a diseased mamma, the structure of which had some resemblance to medullary sarcoma. The patient was seen quite well four years after the operation. B. C. xvi. 5. m. 5.

2713. XXXIV. c. Section of a cerebriform tumour of the mamma. It is of a delicate flocculent texture, and was highly vascular. Presented by Professor Thomson. G. C. 6. a.

2714. XXXIV. c. Another section of the same tumour. Presented by Professor Thomson.

2715. XXXIV. c. Cancerous tubercle occurring after the operation for removal of the mamma. It exhibits the cerebriform texture. Presented by Professor Thomson. G. C. 682.

2716. XXXIV. c. Section of two tumours of a cerebriform texture, which occurred in the course of a cicatrix, three months after the removal of the mamma. Presented by J. H. Wishart, Esq. G. C. 632.

2717. XXXIV. c. Malignant tumour attached to the edge of the mamma, and adhering to the pectoral muscle. It has a fungoid appearance. The wound healed after the operation, but the disease recurred within two years and proved fatal. The patient was between fifty and sixty years of age. Presented by George Bell, Esq. and Professor Turner. G. C. 21.

2718. XXXIV. c. Section of a mamma affected with fungoid disease, generally of uniform, in some parts of spongy consistence, with a small cystic cavity. The nipple and part of the mamma under the lactiferous tubes are sound. G. C. 623.

2719. XXXIV. c. Section of a cerebriform tumour of the mamma attached to the skin. The disease had recurred after extirpation of the mamma. Presented by Professor Thomson. G. C. 439.

2720. XXXIV. c. Tumour about the size of an egg, of a delicate cerebriform texture and distinctly circumscribed, which occupied one side of the mamma, the rest of which was sound, as was the skin. The patient died ten years after extirpation, without having suffered any return of the disease. It was extirpated by Dr James Stenhouse. Presented by Professor Turner. G. C. 275.

2721. XXXIV. c. A large fungoid tumour of the mamma, interspersed with numerous cysts, one of which is of a large size, lined by a a smooth membrane, and having vegetations growing from its inner surface. The disease returned in the form of tubercles from the cicatrix in a few months after extirpation.

These rapidly increased to an enormous size, and proved fatal. The diseased mass was found on dissection to have the character of melanosis. Presented by Dr Gairdner. G. C. 1259.

2722. XXXIV. c. Section of a fungoid tumour of the mamma. G. C. 704

2723. XXXIV. c. Section of the same tumour as the last. G. C. 704. a.

2724. XXXIV. c. Cerebriform tumour. Section of a large tumour in the region of the mamma, extirpated by Mr Newbigging. It was found to consist of a cerebriform growth in the cellular substance over the pectoral muscle. It was pulpy and broken down, with large cavities containing coagulated blood. The mamma was found expanded over it, and healthy in structure, and at the time of the operation, the patient being nursing, secreted milk copiously. The tumour reappeared in a short time in the cicatrix, rapidly attained a large size, and proved fatal. On dissection, an enormous mass of a similar texture was found penetrating into the cavity of the thorax on that side. Presented by William Newbigging, Esq. Two drawings. G. C. 1279.

2725. XXXIV. c. Cast of a mamma affected with fungus hæmatodes. Presented by Professor Turner. G. C. 1261.

MALFORMATIONS.

2726. XXXIV. D. Anencephalous fœtus of the Negro race. Nothing remarkable was found on dissection. Presented by Dr Traill. K. C. 205.

2727. XXXIV. D. A monstrous fœtus at the full period. The back part of the skull deficient. B. C. v. 1. M. 32.

2728. XXXIV. D. A monstrous fœtus. The bones on the hind part of the head deficient. B. C. v. 1. M. 34.

2729. XXXIV. D. Cast of a fœtus having the bones of the head deficient, and the brain projecting in the form of a large lobulated tumour.

2730. XXXIV. D. Tumour from the back of the head, communicating with the ventricles of the brain, and consisting of fluid covered by the membranes of the brain. The child lived eight days. Presented by Dr Murdoch and Professor Turner. G. C. 348.

2730. *a.* XXXIV. D. Hernia cerebri. G. C. 195.

2731. XXXIV. D. Two figures of a Chinese youth about seventeen or eighteen years of age, who had an undeveloped fœtus depending from the upper part of the abdomen.

2732. XXXIV. D. Table VII. Clay model of two united fœtuses of the Hindoo race. " This lusus naturæ appeared in 1825, in the village of Cairee, in Oude. After five months the

nurse was changed, when No. 2 became ill and died. No. I died twelve hours after. The fœcal and urinary organs were one." Presented to the Museum by Dr John Campbell, and to him by George Baillie, Esq. E. I. C. S., Bengal Establishment. G. C 1514.

2733. XXXIV. D. Negro child with two heads. Two of the arms and two feet are perfect, another arm can be traced under the skin, and there is a rudimentary foot behind having a single toe. Presented by Dr John Campbell.

TUMOURS.

2734. XXXIV. E. Adipose sarcoma from the groin. There was a large adipose tumour, having the appearance and feel of cerebriform tissue, in the perinæum, extending into the scrotum, and attached to the testicle and cord of the left side. The whole, along with the testicle, was removed, and the patient recovered. Presented by Professor Syme. G. C. 1746.

2735. XXXIV. E. Lobulated adipose tumour taken from the back of the neck. Presented by Professor Turner. G. C. 1267.

2736. XXXIV. E. Adipose lobular sarcoma from between the metacarpal bones of the right hand. Presented by Dr Callow and Sir George Ballingall. G. C. 1613.

2737. XXXIV. E. Adipose lobular sarcoma from the surface of the quadratus muscle of the thigh. Presented by Dr Callow and Sir George Ballingall. G. C. 1614.

2738. XXXIV. E. Adipose sarcoma, consisting of a single lobe, from the pudendum. Presented by Professor Thomson. G. C. 108.

2739. XXXIV. E. Section of an adipose tumour. Presented by Dr Robert Hamilton. G. C. 443.

2740. XXXIV. E. Section of apparently a small fatty tu-

mour, having a nucleus more dense than the surrounding portion. G. C. 763.

2741. XXXIV. E. Adipose sarcoma, removed from the hip. Presented by Dr Hunter. G. C. 1197.

2742. XXXIV. E. A pendulous fatty tumour. G. C. 189.

2743. XXXIV. E. Adipose tumour, with several small cysts.

2744. XXXIV. E. Simple sarcoma. Presented by Professor Thomson. G. C. 105.

2745. XXXIV. E. Fibrous tumour. Section of a very large tumour removed from the cheek by Dr Brown. The patient died of tetanus. The section shewed a uniform texture of firm consistence and white colour, having throughout its substance numerous very small cysts. Presented by Dr Brown. G. C. 98.

2746. XXXIV. E. A small circumscribed tumour removed from the back of a lady, apparently simple sarcoma. B. C. x. 1. M. 11.

2747. XXXIV. E. A diseased gland extirpated from the neck, of a uniform white texture, and firm consistence. Presented by Professor Turner. G. C. 924.

2748. XXXIV. E. Tumour from the parotid gland. The external surface resembles that gland; texture uniform, smooth and compact, resembling mammary sarcoma. At the edge of the section, the parotid gland is seen attached to, and apparently passing into the morbid texture. Presented by Professor Turner. G. C. 416.

2749. XXXIV. E. Two tumours from behind the angle of the jaw, with a small portion of the parotid gland, which appears to be sound. They have a uniform compact texture, and

a white colour; apparently simple sarcoma. Presented by Professor Thomson. G. C. 99.

2750. XXXIV. E. Three glandular tumours, one removed from the cheek, the other from behind the angle of the jaw. The latter was seated under the parotid gland, a portion of which has been removed, and appears sound. They were very hard and incompressible; they consist of a compact spongy texture in the larger tumour, intermingled with fibrous and cartilaginous substance. Presented by W. Newbigging, Esq. and Professor Turner. G. C. 188.

2751. XXXIV. E. Section of a tumour from the angle of the jaw. It consists of a brownish semitransparent substance, reticulated by delicate white fibrous bands. Resembles a fibrous tumour. Presented by Professor Turner. G. C. 421.

2752. XXXIV. E. Half of a large tumour from the region of the parotid gland, consisting apparently of a fibrous structure, in various parts disorganized and broken down, so as to form large irregular cavities in its substance. The patient recovered rapidly from the operation. Presented by Sir George Ballingall. G. C. 835.

2753. XXXIV. E. Large tumour from the angle of the jaw, consisting of a number of small nodules connected by bands of white cellular membrane, and having the appearance of the pancreatic sarcoma of Mr Abernethy. Presented by Professor Turner. G. C. 414.

2754. XXXIV. E. Tumour from the angle of the jaw, consisting of numerous small granules of a uniform smooth texture connected by cellular membrane. Resembles the pancreatic sarcoma of Abernethy. Presented by Professor Turner. G. C. 417.

2755. XXXIV. E. Tumour from the angle of the jaw, consisting of numerous cysts; its surface lobulated, containing a glairy fluid, connected by a solid fibrous structure. Presented by Professor Turner. G. C. 418.

2756. XXXIV. E. Tumour from over the parotid gland. Irregular cysts containing a pulpy substance. Presented by James Wardrop, Esq. G. C. 101.

2757. XXXIV. E. Preparation from a patient who had a large hard tumour occupying the whole of the abdomen. Over the umbilicus there was a tumour as large as the head, somewhat lobulated, communicating a sensation of fluctuation, and in some parts in a slight degree diaphanous. Puncture was made in this external tumour, by which several pounds of serum were evacuated, but still a portion of the tumour remained tense, until it was also evacuated by a second puncture. The patient suffered an attack of inflammation in the tumour, which discharged itself; and, after some days, a sero-purulent fluid was discharged from one of the punctures which re-opened. The inflammation then abated, but the tumour again increased in size, and the patient died in about three months. The hard tumour of the abdomen had commenced eleven years, and the tumour at the umbilicus, about three years before death. On dissection, the external tumour was found to be formed by several large serous cysts, some separate and some communicating with each other. These cysts were continuous with the omentum, through the umbilicus, and to that membrane within the abdomen, there were attached a considerable number of serous cysts like grapes. The rest of the abdomen was filled by an enormous fibrous tumour, connected with the uterus, a section of which is seen in the preparation. Presented by Professor Turner. G. C. 1266.

2758. XXXIV. E. A nodulated cartilaginous tumour, extirpated from a bursa beneath the extensor tendons of the thumb. It had grown in about six months, after a sprain. Presented by Benjamin Bell, Esq. G. C. 896.

2759. XXXIV. E. Small entire talpa from the head of a man who had similar tumours previously removed, and most of whose relations had undergone similar operations. Presented by William Wood, Esq. G. C. 1105.

2760. XXXIV. E. A globular talpa of rather large size

The cyst is thin, and the contents chiefly solid and curdy. G. C. 446.

2761. XXXIV. E. Serous cyst extirpated from the surface of the corpus spongiosum urethræ. It contained a yellow fluid. Presented by Sir George Ballingall. G. C. 845.

2762. XXXIV. E. A cystic tumour removed from over the left carotid artery. It contained a fluid partly clear and in part thick like honey. Its inner surface smooth, and partially divided by septa. Presented by Dr Hunter. G. C. 857.

2763. XXXIV. E. A circumscribed osseous tumour, consisting of radii of bone proceeding from a nucleus in the centre, covered by mucous membrane; it was attached to the gum. Presented by Professor Turner.

2764. XXXIV. F. Section of a large tumour, removed from a man's breast after death, which had continued forty years. It exhibits a uniform compact texture of a white colour, interlaced with waving cellular bands, and containing a few small cysts. It resembles the mammary sarcoma of Abernethy. G. C. 668.

2765. XXXIV. F. Section of a very large fibrous tumour containing cysts, extirpated from among the muscles of the thigh. The patient died from the operation. Presented by Dr Brown. G. C. 107.

2766. XXXIV. F. Section of a fibrous tumour from the uterus. The texture is compact, the fibres convoluted.

2767. XXXIV. F. Section of a fibrous tumour connected with the uterus, which had attained an enormous size. The fibrous structure is very coarse and distinct, with numerous irregular cavities pervading its substance. Presented by Dr Mackintosh. G. C. 741.

2768. XXXIV. F. Section of the same tumour. Presented by Dr Mackintosh. G. C. 741. a.

2769. XXXIV. F. Fibrous tumour from the uterus. G. C. 1268.

2770. XXXIV. F. Section of a fibrous tumour. G. C. 1269.

2771. XXXIV. F. Fibro-cartilaginous tumour removed from beneath the right pectoralis minor of a man in the Edinburgh Infirmary. Presented by Mr Gillespie. G. C. 201.

2772. XXXIV. F. Portion of a fibro-cartilaginous tumour from the thigh. The patient an elderly woman. Presented by Professor Thomson. G. C. 1047.

2773. XXXIV. F. Large pendulous wart removed from the thigh of a gentleman aged fifty. Presented by Dr David Hay. G. C. 1116.

2774. XXXIV. F. Section of a tumour weighing 2¼ lb., removed from over the gluteus maximus muscle of a woman aged forty-two; the integuments over it distended, and incorporated with it, at its more projecting part. It had a uniform compact texture of a white colour, intersected with delicate membranous bands. A small portion not seen in this section was softer and somewhat pulpy, approaching the cerebriform texture. The wound made by the operation in 1829, granulated and healed kindly, and the patient has since continued well. Resembles the mammary sarcoma of Mr Abernethy. Presented by Dr John Campbell and Professor Turner. G. C. 1263.

2775. XXXIV. F. Fibrous tumour arising from both surfaces of the body of the lower jaw-bone of the right side, which along with that half of the jaw was removed by operation. Presented by Dr Hunter. G. C. 1186.

2776. XXXIV. F. Fungoid tumour involving the upper

jaw-bone and antra apparently on both sides. Presented by Alex. Watson, Esq. and Dr Cullen. G. C. 786.

2777. XXXIV. F. Osteo-sarcoma of the lower jaw, which filled up the arch, and projected a considerable way under the chin. Presented by Joseph Bell, Esq. G. C. 1040.

2778. XXXIV. F. Osteo-sarcoma of the superior maxillary bone. Portions of a tumour of a firm fibrous texture intermingled with spiculæ of bone, which was removed from the region of the antrum of the left upper jaw-bone. It seemed to arise from the substance of the bone. The wound healed. Presented by Joseph Bell, Esq. G. C. 1272.

2779. XXXIV. F. Section of an enormous osteo-sarcoma arising from the humerus, consisting of a firm fibrous substance intermingled with nuclei and spiculæ of bone. Case described and delineated by Mr John Bell in his Principles of Surgery. Presented by Professor Thomson. G. C. 1270.

2780. XVIII. D. Cast of the same case as the above. Presented by Professor Thomson. See also No. 683 and 684 in XVIII. A. G. C. 1271.

2781. XXXIV. F. Section of an osteo-sarcomatous tumour.

2782. XXXIV. F. Large tumour from the scalp of a person who had numerous tumours of the character of molluscum pendulum over the surface of the body. A large portion of the tumour of the scalp consisted of fibrous bands running in various directions, containing among them a dirty yellowish matter of atheromatous consistence; another portion of the tumour, where it had ulcerated, softened and broken down, and discharged a most offensive ichorous matter. Presented by Dr Hunter. G. C. 1096.

2783. XXXIV. F. Large circumscribed lobulated tumour, extirpated from the head; the mass divided by cellular dissepiments. G. C. 947.

2784. XXXIV. F. Section of a scirrhous tumour removed from the back. Presented by James Wardrop, Esq. G. C. 110.

2785. XXXIV. F. Tumour removed from the cellular substance near the mamma, but unconnected with that gland. It is described as having had a cartilaginous texture when cut into, but its appearance is that of an opaque cerebriform substance. Presented by Dr John Campbell. G. C. 859.

2786. XXXIV. F. Transverse section of the arm of a patient in whom the integuments were indurated and tuberculated, from the middle of the arm to that of the fore-arm, and the elbow and muscles of the fore-arm rigid. The hand and lower part of the extremity much swollen and œdematous. On the fore-arm was a considerable ulcer with abrupt ragged edges and foul surface. The section exhibits the skin much thickened, and having the appearance of scirrhus; the muscles appear for the most part converted into a white substance like cartilage, retaining to a certain degree the fibrous form of muscle; in other parts the muscle is seen pale, and as if gradually passing into the cartilaginous state. The adipose and cellular membrane have disappeared, so that the muscles appear to be matted to each other, and to the diseased skin. The larger nerves and bloodvessels are seen passing through the parts unchanged. The arm was amputated close to the shoulder joint, where the parts appeared sound, but after some months a similar disease attacked the cicatrix of the stump, and gradually extended till the patient died. Presented by W. Newbigging, Esq. and Professor Turner. G. C. 221.

2787. XXXIV. F. Carcinomatous tumour removed from the right cheek of a man about forty years of age. Presented by Sir George Ballingall. G. C. 1141. See Clinical Lectures, No. 4, p. 23.

2788. XXXIV. F. Small scirrhous tubercles, as hard as cartilage, on the peritoneal surface of the diaphragm. The patient died of ulcerated cancer of the mamma and scirrhous tubercles of the liver. Presented by Professor Turner.

2789. XXXIV. F. Cancerous wart from the face, of a dark colour, probably melanotic. Presented by Sir George Ballingall. G. C. 1215.

2790. XXXIV. F. Tumour of a lymphatic gland removed from under the submaxillary gland, from a patient who six years before had a portion of the lower lip extirpated for cancer. The parietes of the tumour were of cartilaginous hardness, and it contained a quantity of purulent curdy matter. Presented by Benjamin Bell, Esq. G. C. 897.

2791. XXXIV. F. A tubercular mass in a white curdy state in the cellular texture under the peritoneum in the abdominal parietes, with a portion of tubercular mesenteric glands, part in a crude and part in a softened state. The liver was enlarged, and of a pale yellow colour, with a mixture of white streaks and points. See No. 1873. Presented by Professors Thomson and Turner. G. C. 40.

2792. XXXIV. F. Numerous small tubercles in the peritoneum. Presented by Professor Turner. G. C. 168.

2793. XXXIV. F. Dura mater with tubercles on both surfaces. The deposits are of a pale green colour, interspersed with dark-coloured bloody spots of various sizes, and of a cartilaginous consistence. From a young man aged eighteen, of strumous habit, who had been long affected with headach, vertigo, a sense of weight and throbbing in the head, deafness, dimness of vision, and peculiar nervous tremors. Presented by Dr Balfour. G. C. 1616.

2794. XXXIV. F. Sections of tumours which existed on the outside of the skull-cap and in the orbit, in the same case as the last. Those in the orbit were firmly attached to the frontal bones, and caused a remarkable protrusion, and ultimately complete destruction of the eye. Presented by Dr Balfour. G. C. 1617.

2795. XXXIV. F. Large circumscribed tumour project-

ing into the cavity of the thorax from the pleura costalis, and compressing the lung. It possesses a cerebriform texture. Presented by William Brown, Esq. G. C. 1297.

2796. XXXIV. F. Fungoid tumour removed by operation from the back. The hæmorrhage was profuse, eleven arteries requiring to be tied, and actual cautery to be applied. Patient died in a fortnight, with typhoid symptoms. G. C. 974.

2797. XXXIV. F. Cerebriform tumour of the subcutaneous cellular texture projecting through the skin. G. C. 948.

2798. XXXIV. F. Section of a glandular tumour, of a flocculent cerebriform texture, circumscribed in a capsule, so that when the section was made, the contained texture expanded like a compressed sponge. Presented by Professor Turner. G. C. 418.

2799. XXXIV. G. Section of a large circumscribed tumour removed from the back. It consists of an interlacement of strong cellular bands, forming compartments containing a softer substance, in some parts flocculent and broken down. G. C. 187.

2800. XXXIV. G. A circumscribed tumour from the arm, its substance divided into irregular compartments by strong fibrous septa, some of them containing a brownish mass irregularly broken down. Presented by Joseph Bell, Esq. See cast No. 565. G. C. 577.

2801. XXXIV. G. Fine specimen of fungus hæmatodes. Presented by Dr W. Thomson. G. C. 1747.

2802. XXXIV. G. Fine specimen of cerebriform tumour arising from the fascia and muscles of the fore-arm, projecting in the form of a soft fungus through the integuments, which do not adhere to the substance of the tumour. It is shewn to be highly vascular, being injected with vermilion. Case described

and delineated by Mr James Wardrop in his work on Fungus Hœmatodes. Presented by Dr Brown. G. C. 109.

2803. XXXIV. G. Tumour of distinct cerebriform texture arising from the fascia of the muscles of the fore-arm, projecting through the integuments, forming a cauliflower-like bleeding fungus. The adjacent muscles apparently sound. Presented by W. Newbigging, Esq. and Professor Turner. G. C. 184.

2804. XXXIV. G. Tumour from the region of the biceps muscle, which had begun to throw out a small fungus. It was firmly fixed, and before removal appeared to be connected with the bone. The arm was amputated in 1825 at the shoulder joint. On dissection, the bone was found to be sound; the tumour, which was of cerebriform texture, and white colour, was situated under the biceps muscle, which was stretched over it. The patient recovered, and has remained well. Presented by Dr Bell, Dundee. G. C. 732.

2805. XXXIV. G. A large cerebriform tumour originating in one of the lymphatic glands of the groin. The integuments expanded over it, and thinned by absorption. At one point slight ulceration had commenced, a smaller tumour attached being the commencement of a similar disease in another gland. The whole of the parts apparently diseased were removed, but the disease reappeared during the healing of the wound, and rapidly extended, till it proved fatal. Presented by W. Newbigging, Esq. and Professor Turner. G. C. 412.

2806. XXXIV. G. Section of a small tumour from the buttock of a girl about twelve years of age. It projected in the form of a rounded fungus of a dirty red colour, the surface of which occasionally peeled off, and bled profusely. The growth possesses the distinct cerebriform character, and arose from the cellular substance covering the gluteus muscle. After it was extirpated, the wound cicatrized, and remained sound, but in about two months a deep-seated tumour suddenly appeared in the groin, attended with severe pain. It grew rapidly to a large size, dipping towards the abdomen, the leg became œdematous,

and the patient died. Presented by Professor Turner. G. C. 920.

2807. XXXIV. c. Fungus hæmatodes from the skin of the leg. Presented by Professor Russell. G. C. 1062.

2808. XXXIV. c. Section of a tumour of a fungo-hæmatoid character, removed from the thigh of a man forty years of age. Presented by George Bell, Esq. G. C. 745.

2809. XXXIV. c. Cerebriform pendulous tumours attached to the omentum, in a case in which similar disease pervaded the stomach, the liver, and other portions of the peritonæum. Presented by Dr Whiteside. G. C. 837.

2810. XXXIV. c. Large tumour from the abdomen of a boy, apparently of a fungoid nature, and containing a large flocculent cyst. Presented by John H. Wishart, Esq. G. C. 638.

2811. XXXIV. c. Section of a large tumour, which was situated immediately under the skin of the neck, and extirpated by Sir E. Home. It consists of a loose fungoid mass, intersected by strong membranous bands, and having several large irregular cavities in its substance. The patient recovered from the operation. B. C. x. l. m. 4.

2812. XXXIV. c. A fungoid tumour taken from over the crest of the ilium of a man sixty years of age. The patient recovered perfectly. Presented by William Newbigging, Esq. G. C. 778.

2813. XXXIV. c. A large lobulated tumour extending from the ramus of the jaw and the ear to the upper part of the clavicle on the left side of the neck. It was attached to the fascia of the masseter muscle, and to the transverse processes of the atlas and first vertebræ of the neck. It is situated under the sterno-mastoid muscle, which at its upper part is expanded over it, and has lost its fibrous texture. The omo-hyoideus muscle

is also seen crossing the tumour. The swelling has pressed the trachea and œsophagus to the opposite side; the internal jugular vein runs over a groove in the anterior surface of the tumour at its lower part, and is firmly adhering to it. At the upper part it passes through the middle of the tumour. The eighth pair of nerves lies on the tumour close to the vein, but is separated from the carotid artery by a lobule of the tumour which projects over them. The surface of the tumour was smooth, and had a white cream colour. No section has been made of it. It had grown in six months, and had considerable mobility among the surrounding parts, and the possibility of extirpating it was under consideration; but the patient, whose constitution was considerably affected, was attacked by diarrhœa, which proved fatal. The spleen was found enlarged, with several large cerebriform tubercles in its substance. See No. 1952. Presented by Professor Turner and George Bell, Esq. G. C. 1264.

2814. XXXIV. D. Cast of the above. Presented by Professor Turner.

2815. XXXIV. G. A cluster of small melanotic tubercles like currants, removed from the conjunctiva over the surface of the eye-ball. Presented by Professor Turner.

2816. XXXIV. G. Melanotic lobulated tumour. History unknown.

2817. XXXIV. G. Section of an enlarged lymphatic gland converted into cerebriform and melanotic texture. Presented by Mr Allan Burns and Professor Thomson. G. C. 113.

2818. XXXIV. G. Another portion of the same tumour, shewing the sudden transition from the cerebriform to the melanotic texture. Presented by Professor Turner. G. C. 415.

2819. XXXIV. G. Section of a large tumour removed after death, and which occupied the whole side of the neck above

the clavicle. It seemed to originate in the cellular substance, the muscles over it being expanded, and the cervical nerves passing through it apparently sound. The tumour was of a rich-dark brown colour, and consisted chiefly of a pulpy matter contained in a fibrous net-work. The spirits have removed the colour. Presented by Professor Turner. G. C. 228.

2820. XXXIV G. Portion of the same tumour, which was preserved for several years in oil of almonds, and now in oil of turpentine, in which the colour, though somewhat lighter, has been in a great measure retained. Presented by Professor Turner. G. C. 224.

2821. XXXIV. G. Fungous tumour arising from the integuments and fascia of the temple. It was of a deep red colour, and bled readily. It principally consisted of the cerebriform texture, but a considerable portion was formed of a substance of a deep black colour. Presented by W. Newbigging, Esq. and Professor Turner. G. C. 212.

2822. XXXIV. G. Circumscribed oval tumour from the subcutaneous cellular membrane. It is of cerebriform texture, but of a dark-brown colour, nearly black. Taken from a patient who had a number of tumours of a similar kind, and of various sizes, on different parts of the body. Presented by Professor Turner. G. C. 426.

2823. XXXIV. G. Another tumour from the same patient, the integuments over which had ulcerated. It consists in part of a dark coloured loose flocculent mass, but the rest of the tumour is of a white colour, and has a cerebriform texture. Presented by Professor Turner. G. C. 424.

2824. XXXIV. G. Pendulous melanotic tubercles from the diaphragm, in the patient whose eye had been extirpated, and in whom there was melanosis of the lung and liver. Dr Pitcairn's and Dr Home's case. For eye, see No. 943. Lungs, No. 1432 and 1433. Liver, No. 1867 and 1868.

2825. XXXIV. G. Apparently another portion of the same.

2826. XXXIV. G. Section of a large fungous excrescence which was removed by ligature from the back. Described in Mr Allan's work, v. i. p. 268. For the cast, see No. 681. G. C. 973.

2826. *a.* XXXIV. G. Another section of the same excrescence. G. C. 973. a.

2827. XXXIV. G. Melanosis. Presented by Professor Turner. G. C. 425.

2828. XXXIV. D. Model of fungus hæmatodes on the forehead. G. C. 1018.

APPENDIX.

I. CASTS, ... 357
II. PAINTINGS, ... 361
III. PREPARATIONS, ... 363

CASTS.

2829. XXVII. A. Cast of fistula lachrymalis.

2830. XXVII. A. Cast of fistula lachrymalis.

2831. XXVII. A. Polypus of the nose projecting to the face.

2832. XXVII. A. Polypus of the nose projecting to the face.

2833. XXVII. A. Tumour from the antrum, removed by Dr Thomson.

2834. XXVII. A. Tumour from the antrum.

2835. XXVII. A. Tumour from the antrum.

2836. XXVII. A. Fungoid tumour of the brow.

2837. XXVII. A. Fungoid tumour of the brow.

2838. XXVII. A. Fungoid tumour of the brow.

2839. XXVII. A. Ranula projecting under the chin.

2840. XXVII. A. Tumour under the chin.

2841. XXVII. A. Tumour under the chin.

2842. XXVII. A. Subcutaneous nævus maternus in the region of the chin.

2843–2860. XXVII. A. Eighteen casts of tumours in the region of the parotid gland.

2861–2867. XXVII. A. Seven casts of tumours on the neck.

2868. XXVII. A. Adipose tumour from the back of the neck.

2869. XXVII. A. Cast of a very large tumour on the side of the neck, which was extirpated.

2870. XXVII. A. Large tumour on the neck.

2871–2873. XXVII. A. Three casts of bronchocele.

2874–2883. XXVII. A. Nine casts of necrosis.

2884. XXVII. B. Caries of the spine.

2885. XXVII. A. Caries of the bones of the pubes.

2886–2894. XXVII. A. Nine casts of caries.

2895. XXVII. A. Aneurism of the aorta.

2896. XXVII. A. Brachial aneurism from blood-letting.

2897. XVIII. B. Fungus hæmatodes of the back.

2898. XVIII. C. Cast of fibro-cartilaginous tumour of the thigh of enormous size. The tumour had the appearance of cartilage intermixed with spiculæ of bone.

2899–2909. XXVII. B. Casts of fungus hæmatodes.

2910–2914. XXVII. B. Five casts of tumours on the thigh.

2915. XXVII. B. Tumour of knee joint.

2916. XXVII. B. Tumour on the tibia.

2917. XXVII. B. Tumour on the thorax.

2918–2920. XXVII. B. Tumours on the shoulder.

2921. XXVII. B. Tumour on the shoulder.

2922. XXVII. B. Tumours of the mamma.

2923, 2924. XXVII. B. Glandular tumours of the groin.

2925. XXVII. B. Scrotal hernia.

2926. XXVII. B. Inguinal hernia.

2927. XXVII. B. Femoral hernia.

2928. XXVII. B. Ventral hernia.

2929. XXVII. B. Inguinal hernia.

2930. XXVII. B. Prolapsus uteri.

2931. XXVII. B. Tumour in the perineum.

2932. XXVII. B. Diseased bursa of the knee joint.

2933, 2934. XXVII. B. Two casts of diseased bursæ of the wrist joint.

2935, 2936. XXVII. B. Cancerous ulcers of the foot.

2937. XXVII. B. Carbuncle of the back.

2938, 2939. XXVII. B. Diseased knee joint.

2940. XXVII. B. Fractured patella.

2941. XXVII. B. Dislocated knee joint.

2942. XXVII. B. Compound fracture of knee joint.

2943. XXVII. B. Tumour on the upper and outer parts of the thigh.

2944. XXVII. B. Abscess under the skin of the abdomen.

2945. XVIII. B. Elephantiasis.

2946. XVIII. B. Tumour in the axilla.

2947. XIVII. B. Adipose tumour of the arm.

PAINTINGS.

2948. Sketch of a wound of the abdomen. The ball passed under the integuments, and the slough which hangs out from the wound is very considerable, which is always the case when the ball runs among the cellular membrane. B. C. xvii. 52.

2949. The ball entered on the fore part near the sternum, and came out near the seventh rib, passing through the anterior part of the chest on the right side. There was no sloughing, which indicated that the ball had entered the chest. B. C. xvii. 53.

2950. Sketch in oil of a man wounded in the chest. The ball entered at the back, an abscess formed on the fore part of the chest. An incision made where it is represented on the fore part, disclosed the ball lying in the abscess. B. C. xvii. 54.

2951. Sketch of a man wounded in the scrotum. The ball went through both testicles without touching the thighs. There is more inflammation, a larger wound, and a greater quantity of slough, on the side at which the ball passed out. B. C. xvii. 55.

2952. Sketch of a gunshot wound of the thigh, representing the wound in a state of irritation and sloughing. The arterial blood burst out twice with a violence that indicated injury of the main artery. See Bell's Operative Surgery, vol. ii. p. 411. B. C. xvii. 56.

2953. Section of a cerebriform tumour of the calf of the leg, copied from a painting from nature by Mr Shetkey. Presented by Professor Turner.

2953. *a.* Section of a tumour extracted from the leg of an old gentleman upwards of eighty years of age. It arose from the fascia of the leg. The disease recurred about twelve months after.

PREPARATIONS.

2954. XXXVI. A. Cast of the skull of a chief of New South Wales injured by blows received in battle. See Ballingall's Military Surgery. Presented by Sir George Ballingall. G. C. 1648.

2955. XXXVI. A. Fracture of the tibia. Presented by Professor Thomson.

2956. XXXVI. A. Lower extremities of both thigh-bones, and left patella, fractured. From a young man who threw himself over a window four stories high, in consequence of a melancholy state of mind. There was concussion, with effusion of blood on the brain, and abscess of the liver, which had burst into the thorax through the diaphragm. He lived only two hours after the fall. Presented by Professor Turner and Alex. Watson, Esq. G. C. 1738.

2957. XXXVI. A. Fracture of the neck of the femur without the capsule, and of the trochanter major. From a man aged seventy, who fell from a bed; he died six days after the accident. No union had taken place. Presented by W. A. F. Browne, Esq. G. C.

2958. XXXVI. A. Lateral curvature of the spine. Presented by Dr P. Newbigging. G. C. 1637.

2959. XXXVI. A. Exostosis of the left femur. This preparation was taken from the body of a man about thirty-four

years of age. He had complained for nearly eight months of acute pain in that thigh, which gradually swelled, and eventually was opened, and discharged a large quantity of pus. Presented by Dr P. Newbigging. G. C. 1636.

2960. XXXVI. A. Venereal exfoliating skull. G. C. 988.

2961. XXXVI. A. Caries of a portion of the skull of a young gentleman who died of affection of the spine. Presented by Dr Hunter. G. C. 1620.

2962. XXXVI. A. Caries of the skull, affecting both tables.

2963. XXXVI. A. A tumour, partly osseous, connected with the dura mater; the skull opposite to it is carious.

2964. XXXVI. A. Onychia maligna of the great toe of the right foot. The disease was of six months' duration. Presented by Dr John Campbell. G. C. 1262.

2965. XXXVI. A. Ulceration of the cartilages of the knee joint; the synovial membrane artificially injected.

2966. XXXVI. A. Ulceration of the cartilages of the knee-joint; the synovial membrane artificially injected.

2967. XXXVI. A. Granular bodies from a cystic tumour near the wrist joint.

2968. XXXVI. A. Atrophy of the right optic nerve. Presented by Alex. Watson, Esq.

2969. XXXVI. A. Tumour involving the great sciatic nerve at its exit from the pelvis; it seems of a scirrhous nature, and is partly converted into bone. The person from whom it was removed was about fifty years of age; he fell on the pavement two years previous to his death, and from that period

there was an obvious fulness of the parts, accompanied with gnawing pain. The patient died exhausted with pain. Presented by Thomas Lothian, Esq. G. C. 1203, 1204.

2970. XXXVI. A. Warty excrescence cut from the chest of a woman sixty-five years of age. It adhered by a pedicle of about the diameter of a quill, and had been eighteen years in growing. Presented by Dr Russell. G. C. 1280.

2971. XXXVI. A. Warty excrescences. Presented by Sir George Ballingall. G. C. 1138.

2972. XXXVI. A. Herpetic affection of the skin. G. C. 210.

2973. XXXVI. A. Fungous-looking growth from the extremity of the finger. G. C. 97.

2974. XXXVI. A. Portion of the heart of a young man about nineteen years of age. The valves of the aorta are much contracted, and there is hypertrophy of the left ventricle, with diminution of its cavity. Presented by Alex. Watson, Esq. G. C. 1720.

2975. XXXVI. A. Aneurismal dilatation of the arch of the aorta, with rupture; from a person aged forty-four, who died suddenly. Several small perforations were found in the diseased part of the aorta; the inner coat was entirely absorbed, and the pericardium was filled with blood. Presented by Dr Omond. G. C. 1640.

2976. XXXVI. A. Aneurism in the arch of the aorta, which burst into the thorax by several apertures. The aorta is dilated to a great extent, its inner coat lacerated, and presenting numerous deposits of bony matter; a large laminated coagulum fills up the greater part of the cavity, and from it there extends towards the valves a polypus or coagulum irregularly coated with thin membranous laminæ. Presented by Dr. Smith. G. C. 1744.

2977. XXXVI. A. Portion of the aorta in a case of aneurism, shewing osseous depositions in the outer coat, and laceration of the inner. Presented by Mr Blair. G. C. 24.

2978. XXXVI. A. Supposed coagulum of blood, partially organized.

2979. XXXVI. A. Specimen of the venous clot, shewing the very large proportion of fibrin. This preparation was taken from an individual affected with inflammation of the lungs. Presented by Dr P. Newbigging. G. C. 1631.

2980. XXXVI. A. Larynx and portion of the trachea, from a person about twenty years of age, shewing the effects of chronic inflammation in the epiglottis, vocal cords, &c. Presented by Dr P. Newbigging. G. C. 1623.

2981. XXXVI. A. Lymphatic glands of the roots of the bronchi enlarged and scrofulous. They produced death, preceded by symptoms of pneumonia and phthisis, accompanied by hectic fever. See case in Edin. Med. Chir. Trans. Presented by Professors Alison and Turner. G. C. 338.

2982. XXXVI. A. Tuberculous infiltration in the lower lobe of the left lung, producing almost complete absorption of that portion; from a child about thirteen months old, who had an attack of measles about two months before its death. Presented by Dr P. Newbigging. G. C. 1622.

2983. XXXVI. A. Tuberculous caverns of the upper lobe of the left lung, from the same individual as the last preparation. There is some appearance of a lining membrane in both the cavities. Presented by Dr P. Newbigging. G. C. 1624.

2984. XXXVI. A. Specimen of condensed lung. Presented by Dr P. Newbigging. G. C. 1742.

2985. XXXVI. A. Specimen of hepatized lung. Presented by Professor Thomson. G. C. 738, a.

2986. XXXVI. A. Specimen of granular tubercle of the lung; the patient, a girl, died hectic after three months' illness. Presented by Professor Turner. G. C. 316.

2987. XXXVI. A. Portion of black lung from a collier forty-five years of age, who died suddenly of bowel complaint. The whole of the lungs were of the same black colour, and contained tubercles. Presented by Alex. Watson, Esq. G. C. 1721.

2988. XXXVI. B. A halfpenny which was swallowed by a child two years old. It remained in the gullet for three months, and was at last thrown up by a fit of vomiting, accompanied by a quantity of pus. Presented by Dr A. Hunter. G. C. 1621.

2989. XXXVI. B. Mucous papillæ on the root of the tongue enlarged. The person from whom this preparation was taken, was poisoned by arsenic. Presented by Alex. Watson, Esq. G. C. 1749.

2990. XXXVI. B. Stomach of a collier who lived nine hours after taking a large quantity of arsenic. The morbid appearances are very slight, there being only a few small ash-coloured patches, and the mucous membrane being considerably reddened from increased vascularity. Same case as No. 2987 and 2989. Presented by Alex. Watson, Esq. G. C. 1748.

2991. XXXVI. B. Mucous glandules of a portion of the small intestine enlarged, in the same case as No. 2987 and 2989. Presented by Alex. Watson, Esq. G. C. 1750.

2992. XXXVI. B. Three specimens of ascaris lumbricoides, found in the intestine of the same person. Presented by Alex. Watson, Esq. G. C. 1751.

2993. Stomach with melanotic deposition near the pylorus. Presented by Dr Scott. G. C. 1737.

2994. XXXVI. B. Portion of diseased intestine, from the

same case as No. 1492. Presented by Dr Simson. G. C. 1739.

2995. XXXVI. B. Contracted cœcum, from the same subject as No. 1659. a. Presented by Dr Knox.

2996. XXXVI. B. Small scrofulous tubercles on the peritoneal surface of the intestine.

2997. XXXVI. B. Part of the ileum nearly eighteen inches long, with a considerable portion of the mesentery and a diseased mesenteric gland, passed by a man forty-five years of age, who regained his usual state of health and appearance. The case is described by Dr W. Thomson in Edinburgh Medical Journal. Presented by John Renton, Esq. and Professor Thomson.

2998. XXXVI. B. Specimen of tuberculated liver, with thickening of the gall-bladder, and obliteration of the gall-duct.

2999. XXXVI. B. Ossification of the peritoneal covering of the spleen. Presented by Dr Abercrombie. G. C. 891.

3000. XXXVI. B. Specimen of Bright's disease of the kidney, passing from the first to the second stage, and shewing the enlargement of the organ generally, and the tubercular appearances round the tubular surface. The effects of the disease rapidly exhibited themselves, and the woman, who was about forty years of age, died after an illness of six weeks, in a state of coma. Presented by Dr P. Newbigging. G. C. 1626.

3001. XXXVI. B. Diseased kidney, exhibiting that change of structure described by Dr Bright. The most remarkable circumstances are the diminished size of the kidney, its tuberculated appearance externally, and the great encroachment on the tubular part. From a woman about thirty-four years of age, who had for many years exhibited the usual symptoms of renal affection. Presented by Dr P. Newbigging. G. C. 1625.

3002. XXXVI. B. Ureter much enlarged. Presented by Professor Thomson. G. C. 569. a.

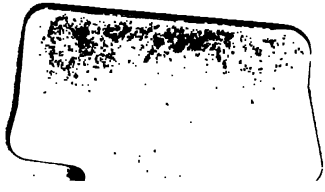
3003. XXXVI. B. Contracted and thickened bladder, with thickening and a rugous convoluted appearance of the inner coat.

3004. XXXVI. B. Calculi in the bladder.

3005. XXXVI. B. Osseous tumour connected with the gum.

3006. XXXVI. B. Tumour cut from the head of a lady fifty-five years of age, who had numerous talpæ, some of which had been removed by absorption, others by ulceration. In this case the skin had ulcerated, some melicerous matter had been discharged, and profuse bleeding took place. The tumour is partly of a vascular structure, and dark red colour. Presented by Dr Hay. G. C. 1639.

3007. XXXVI. B. Scirrhous tumour from the loins, exhibiting pedunculated bodies attached to the parietes of the cells; removed by excision from a woman aged sixty. Presented by Dr A. D. Maclagan. G. C. 1638.

3008. XXXVI. B. Portion of mesentery, exhibiting the deposition of the encephaloid tumour. From the body of the female, about thirty years of age, from whom the uterus, No. 1628, was taken. Presented by Dr P. Newbigging. G. C. 1630.

3009. XXXVI. B. Fungus hæmatodes of the back, extirpated and presented by William Newbigging, Esq. G. C. 200.